



**West Virginia
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5
Charleston, WV 25304
304-558-3570 or 800-654-4406
www.wvretirement.com

**WVSP-A WVSP-B
DSRS MPFRS EMSRS
NRPORS & PERS**

**APPLICATION FOR
SCHOLARSHIP**

Section 1: Applicant Information

ATTN: MAILROOM-Please deliver to Death Claims Manager

Retirement System:

PERS WVSP-A WVSP-B EMSRS MPFRS DSRS NRPORS

Applicant's Full Name	Full SSN	Date of Birth	Telephone Number
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Mailing Address	City	State	Zip Code
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Email Address	Deceased Member or Retiree Name
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Date of Death	Last 4 Digits of SSN	CPRB ID	School For Which Application Is Being Made
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School Address	City	State	Zip Code
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Have you been accepted to this School? <input type="checkbox"/> Yes <input type="checkbox"/> No	School you Last Attended	Grade Point Average	<input type="checkbox"/> SAT <input type="checkbox"/> ACT Score
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Dollar Amount Requested	Manner of Payment <input type="checkbox"/> Pay School Directly <input type="checkbox"/> Reimbursement	Name of Person To Be Reimbursed	Relationship To Applicant
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Mailing Address Of Person To Be Reimbursed

Refer to WV Consolidated Public Retirement Board Dependent Child Policy for Scholarship eligibility and payment rules.

I hereby certify that the above named applicant is a dependent child of a deceased member or retiree of the Retirement System indicated above, and that the information contained herein is true and correct to the best of my knowledge.

Signature of Parent or Applicant (if over 18) _____ Date _____

Section 2: Retirement Board Section ONLY

Decision <input type="checkbox"/> Scholarship Application Approved <input type="checkbox"/> Scholarship Application Denied	If approved, Scholarship amount
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Executive Director Signature	Date
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