OFFICE OF THE GOVERNOR CORONAVIRUS SUPPLEMENTAL SCHOLARSHIP

2022 and 2023 VI High School Graduates Only

Virgin Islands Board of Education

St. Thomas Office
P.O. BOX 11900
St. Thomas, VI 00801
(340) 774-4546

St. Croix Office
financialaid@myviboe.com
(340) 772-4144

READ THE INSTRUCTIONS-TYPE OR PRINT IN INK

DEADLINE SEPTEMBER 30, 2023

1. Last Name (Apellido)	First Name (Primero Nombre) (Inicial del Nombre del Medio) Middle Initial	☐ Male ☐ Female	2. Social Security Number (Número de Seguro Social)
3. Local V.I. Mailing Address (Dirección de Correo Postal Local):			
Local Physical Address (Dirección Residencial Local):			
E-mail address:	Secondary Email Address:		

4. Birth Date (Fecha de Nacimiento)	5. Place of Birth (Lugar de Nacimiento)	6. Citizenship Status (Número de Residencia (Estado de Ciudadanía) Extranjera) Alien ID No.	7a. Main Contact Number: (Número de Teléfono Local) 7b. Secondary Contact Number: (Número de Teléfono Cellular)

Dos referencias de adultos que residen en las Islas Vírgenes. Uno debe ser un familiar.

8. **Emergency Contacts-You must provide two (2) separate adult contacts with V.I. addresses. One must be an immediate family member**.

Full Name (Nombre Completo)	Relationship (Relación)	Full Name (Nombre Completo)	Relationship (Relación)
Mailing Address (Dirección de Correo Postal):		Mailing Address (Dirección de Correo Postal):	
City, State, Zip (Ciudad, Estado, Código Postal)	Home Phone Number (Número de Teléfono)	City, State, Zip (Ciudad, Estado, Código Postal)	Home Phone Number (Número de Teléfono)
Employer (Nombre del Empleo)	Work Phone Number (Número de Teléfono del Trabajo)	Employer (Nombre del Empleo)	Work Phone Number (Número de Teléfono del Trabajo) -

9. Name of High School Attended _____ Date of Graduation _____, **202**
(Nombre de Escuela Secundaria) (Fecha de Graduación)

10. Name and Address of Institution of Higher Learning (College or University) (Nombre y Dirección de la Institución de Alto Aprendizaje) Expected Graduation Date (Fecha Prevista de Graduación de la Universidad o Colegio)

11. Major Course of Study (Curso Primario de Estudio)	12. Grade Level and Status for **Fall Semester**: ☐ Full-Time ☐ On-Line (Grado y estado para el semestre de otoño) Tiempo Completo) (Estudio por Internet) 1er año☐ ☐ Freshman

13. Please attach a letter describing the economic impact the COVID19 pandemic has had on you or your family financially.

14. Please complete the attached W-9 form.

15. By signing below, you affirm that all the information provided in this application is true and accurate and that you understand the terms and conditions of the scholarship for which you are applying. You further understand that should you not attend college during the required time period, all funds received must be repaid.

Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION
FOR THE OFFICE OF THE GOVERNOR CORONAVIRUS SUPPLEMENTAL SCHOLARSHIP

TO COMPLETE THE APPLICATION, TYPE OR PRINT IN INK. Numbers 1-15 are to be completed by the student. An official college transcript must be submitted by college students.

1. Enter your full name (last name, then your first name and middle initial).
2. Enter your Social Security Number. (An application without a social security number will be returned)
3. Enter your V.I. local mailing, physical address, and email address. (please note that an email address is required for this application. If you have none, please create one to use for this application.)
4. Enter your birth date.
5. Enter your place of birth.
6. Enter your citizenship status or your alien registration number if applicable.
7. Enter your main daytime phone number and a secondary contact number such as alternate cell phone
8. Enter the names, addresses and telephone numbers of two **Virgin Islands** emergency contacts.
   a. The application will be returned if local mailing addresses and telephone numbers are omitted. Preferred contact persons are **parents, guardians and adult relatives**. **(Mentors, pastors, and former teachers and the like are not recommended.)** The people you list may be contacted and should know your address at all times.
9. Enter the name of the local high school you attended.
   a. An official transcript or diploma will be required for high school graduates.
10. Enter the name and address of the institution you will be attending.
11. Enter major course of study.
12. Confirm that you are a high school senior entering college as a freshman in fall 2022 or 2023.
13. **Attach a letter describing the economic impact the COVID19 pandemic has had on you or your family financially.**
14. **Complete the W-9 Form Attached**
15. Sign and date to Confirm that you wish to apply for the "**Coronavirus Supplemental Scholarship"**

Eligible Applicants	Required Supporting Documents
2022, & 2023 graduates of VI High school, approved Home Education/Home School program, Adult Education, and General Education Development (GED) program.	☐ Acceptance letter ☐ Official high school transcript or Diploma ☐ Pandemic impact letter ☐ Completed W-9 Form

This is a one-time scholarship.

Website: ***www.myviboe.com***
E-mail: financialaid@myviboe.com

DEADLINE FOR APPLYING – September 30, 2023