College of St. JOSEPH in Vermont

ADIRONDACK COMMUNITY COLLEGE
TRANSFER SCHOLARSHIP APPLICATION

Send to:
Office of Admissions
College of St. Joseph
71 Clement Road
Rutland, VT 05701-3899

Applicant Information:
Name:_____
Address:_____
_____
Phone Number:_____
Date:___/___/___

Please fill in the appropriate information. You may use a separate piece of paper if needed.

1. Grade Point Average: _____

2. I will be attending **FULL-TIME / PART-TIME**. (Circle One)

3. I will be a **COMMUTER / RESIDENT**. (Circle One)

4. How do you plan to make a positive contribution to the College of St. Joseph community?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PLEASE PROVIDE THE APPROPRIATE DOCUMENTATION OF YOUR ACCOMPLISHMENTS.