



SUPPLEMENTAL STUDENT INFORMATION FORM

VWCC Enrollment Center • 3094 Colonial Ave., SW • Roanoke, VA 24015-4704
Email: Enroll@viriniawestern.edu / Fax: 540-857-6163

NAME

EMPL ID

1. Where were/are you physically located during Thanksgiving, spring, and summer breaks?

2. Do you currently have health insurance? Yes No

If so, who is responsible for paying the premium?

3. Have you had health insurance for the entire past twelve months? Yes No

If so, who was responsible for paying the premium?

4. Do you operate an automobile? Yes No

If so, who owns the automobile?

In whose name is the vehicle registered?

5. Do you currently have automobile insurance? Yes No

so, who is responsible for paying the premium?

If so, in whose name is the insurance policy issued?

6. Have you had automobile insurance for the entire past twelve months? Yes No

If so, who was responsible for paying the premium?

7. Have you attended another college or university? Yes No

If so, please list schools, dates of attendance, and who was responsible for payment of tuition.

8. When and why did you come to Virginia?

INDEPENDENT STUDENT DECLARATION

I certify that for at least one year prior to the first day of the semester of my intended enrollment, that each of the following conditions is satisfied:

1. My parents/legal guardians have surrendered the right to my care, custody, and earnings.
2. My parents/legal guardians did not claim me as a dependent on federal and state income taxes.
3. My parents/legal guardians have provided me with **less than half** of my financial support.
4. I have been financially self-sufficient for at least one year prior to my enrollment at Virginia Western.
5. I am able to provide clear and convincing evidence that I have been financially self-sufficient for at least one year prior to my enrollment at Virginia Western.**

Signature of Applicant

Date

***A copy of your most recent tax return may be required*