

WVSSAC ELIGIBILITY FORM

Student Las	t Name:			
Student Firs	st Name:			
Student Mic	ldle Initial:			
Father's Na	me (First and Last):			
Mother's Na	ame (First and Last): _			
Mother's M	aiden Name:			
Date of Birt	h: Month	Day	Year	
	th:			
	City	State	Country (i	f not U.S.)
School Grad	le (9, 10, 11, 12):			
School atten	nded last semester:			
Semesters E	nrolled at CCHS:			
County of Residence:	Ohio County (WV)	Marshal	l County (WV)	Brooke County (WV)
	Wetzel County (WV)	Belmon	t County (OH)	Washington County (PA)
	If county of residence is not above please list.			