



National Disabled American Veterans Auxiliary Education Scholarship Application



Application must be completed in its entirety.

Full Time Student
(Minimum of 12 credits)

Part Time Student
(Minimum of 6 Credits)

Unique Request Student
(Less than 6 credits)

1. GENERAL INFORMATION: (10 pts.)

Name of Applicant _____
Last
First
Middle

Permanent Address _____
 Number & Street _____
 City, State & Zip Code _____
 (Area Code) Phone Number _____ Email Address _____

Social Security # _____ Date of Birth _____

Marital Status: Single Married Are you a US Citizen? Yes No

Are you a life member of the DAV Auxiliary? Yes Membership # _____ No

Complete name and address of the school you will be attending: _____

School phone number: _____

I will be enrolled as: Freshman Sophomore Junior Senior Graduate

Date I plan to attend school _____ Number of years I plan to attend _____

Proposed major & profession _____

Anticipated Graduation Date _____

Unique Request Applicants only (less than 6 credits):

Briefly explain your unique request. (Why you will need to take less than 6 credits) _____

Are you presently employed? _____ If so, where & length of time _____

Applicant's Occupation & employment history for the past three years. _____

If married, full name of spouse (include maiden name) _____

Number of dependents and ages _____

2. Have you been an active member of the DAV Auxiliary as a Senior or Junior member? (10 pts.)

Yes No

If yes, how many years _____

Have you held any elected or appointed positions? Yes No

If yes, please list: _____

3. Have you participated in activities or projects with the DAV or the DAV Auxiliary to benefit veterans and/or families of veterans? (15 pts.)

Yes No

If yes, please list: _____

4. List other extracurricular or volunteer activities you have participated in during the past two years (include clubs/organizations, offices held, honors or awards you have received, etc.). (15 pts.)

5. What are your personal or career goals and how will your education help reach these goals? (Attach separate sheet, 500 words maximum.) (35 pts.)

6. EDUCATION EXPENSES, INCOME & RESOURCES (10 pts.)

I will reside during the school year at: Home Campus Off Campus

Budget Information

Estimated Cost Per year:

Applicant's

Estimated Resources Per Year From:

1. Tuition \$ _____

A. Family – Parents contribution \$ _____

Spouse, if married \$ _____

2. Books & Supplies \$ _____

B. Scholarships & Grants applied for \$ _____

Amount Approved \$ _____

3. Fees \$ _____

C. Loans applied for \$ _____

Amount Approved \$ _____

4. Room \$ _____

D. Social Security \$ _____

5. Board \$ _____

E. Veterans Benefits \$ _____

6. Travel \$ _____

F. All Other Income \$ _____

TOTAL ESTIMATED COST \$ _____

G. Applicant's Employment \$ _____

(Based on estimated income for the year applying for scholarship)

FIGURES WILL BE VERIFIED AND MUST BE COMPLETE

TOTAL ESTIMATED RESOURCES \$ _____

Explain amounts shows on Lines B-C-D-E-F-G and indicate if these are renewals and amounts. If you have not applied for state or government loans, explain what was received last year, if applicable. **(This section must be completed or a scholarship will not be considered.)**

Please submit any additional information that might affect your application for a scholarship.

REFERENCES: (5 pts.)

List the name, address, and phone number of **three (3)** persons recommending you for this scholarship and **include a letter of reference from each**. One must be from a teacher, counselor, or your principal. If you graduated more than one year ago, one reference must be from an employer or former employer (alternative references may also be requested). References must be over the age of 21 and not a relative.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby affirm the correctness of the information submitted.

DATE: _____ **SIGNATURE OF APPLICANT** _____

****Enclose a copy of official transcript of grades and the school's W-9 (can be obtained from the financial aid/bursar office).**

Failure to complete the current application in its entirety will disqualify the applicant.

This application must be completed, signed and postmarked **NO LATER THAN MARCH 20, 2018**, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

National Education Scholarship Fund
National Disabled American Veterans Auxiliary
3725 Alexandria Pike
Cold Spring, KY 41076

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