



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: _____

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:

1. Tuition \$ _____

2. Books & Supplies \$ _____

3. Fees \$ _____

4. Room \$ _____

5. Board \$ _____

6. Travel \$ _____

TOTAL ESTIMATED COST \$ _____

Applicant's

Estimated Resources Per Year From:

A. Family – Parents contribution \$ _____

Spouse, if married \$ _____

B. Scholarships & Grants applied for \$ _____

Amount Approved \$ _____

C. Loans applied for \$ _____

Amount Approved \$ _____

D. Social Security \$ _____

E. Veterans Benefits \$ _____

F. All Other Income \$ _____

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 (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 _____

****Attach a recent photograph and enclose an official transcript of grades.**

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 15, 2014**, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

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