



# 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.)**

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

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 22, 2019**, 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

Rev. Oct. 2018