

## DISABLED AMERICAN VETERANS AUXILIARY EDUCATION SCHOLARSHIP APPLICATION



## 1. <u>GENERAL INFORMATION</u>:

| Name of Applicant: _  |   |                    |                                 |
|---|---|--------------------|---------------------------------|
|   | Last                                    | First              | Middle                          |
| Permanent Address:  | Number & Street                         |                    |                                 |
|   | Number & Street                         |                    |                                 |
|   | City, State & Zip Code                  |                    |                                 |
|   | (Area Code) Phone Number                | Email Address      |                                 |
| Date of Birth:  |   |                    |                                 |
| Complete name and a   | address of the school you w             | vill be attending: |                                 |
|   |   |                    |                                 |
|   |   |                    |                                 |
| School phone number   | r:                                      |                    |                                 |
| Year of Education: Freshman   Sophomore   Junior   Senior   Graduate                  |   |                    |                                 |
| Full-Time Student (Minimum of 12 credits)   | Part-Time Studen<br>(Minimum of 6 Credi |                    | uest Student 🗖<br>in 6 credits) |
| Date you plan to attend school: Number of years you plan to attend:                   |   |                    |                                 |
| Proposed major & pro  | fession:                                |                    |                                 |
| Anticipated Graduation Date:  |   |                    |                                 |
| How did you hear about our scholarship? Online Search ☐ School ☐ Other ☐              |   |                    |                                 |
| 2. UNIQUE REQUEST ONLY (less than 6 credits):   |   |                    |                                 |
| · · · · · · · · · · · · · · · · · · ·   |   |                    |                                 |
| Briefly explain your unique request. (Why you will need to take fewer than 6 credits) |   |                    |                                 |
| <del></del>   |   |                    |                                 |

## 3. <u>CAREER/LIFE ASPIRATIONS</u>

Explain your career/life aspirations and how your education will help achieve these goals. Attach a separate sheet, 500 words maximum.

□ Copy of official transcript of grades.

On a separate sheet, provide a chronological list (not a summary) of what you have done to serve disabled veterans or their families during the past two years.

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

I hereby affirm the correctness of the information submitted.

Applicant's Signature

Parent/Guardian Signature (if student is under 18)

Date

Submission Checklist:

Completed Application (must be the most recent application Rev. Oct. 2025)

Career/life aspirations.

List what you have done to serve disabled veterans/families during the past two years.

This application must be completed, signed and postmarked <u>NO LATER THAN MARCH 20, 2026</u>, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

School's W-9 (can be obtained from the financial aid/bursar office).

National Education Scholarship Fund **DAV** Auxiliary 860 Dolwick Dr. Erlanger, KY 41018

Email: dava@dav.org - include all documents and application

Rev. October 2025