

APPLICATION
VVA CHAPTER 49 SCHOLARSHIP AWARDS PROGRAM
TYPE OR PRINT ALL INFORMATION, EXCEPT FOR SIGNATURES

LAST NAME – STUDENT

FIRST NAME

INITIAL

ADDRESS: STREET & NUMBER

CITY / VILLAGE / TOWN / STATE

ZIP

AREA CODE / PHONE NUMBER

DATE OF BIRTH

PARENT/GUARDIAN and MILITARY SERVICE INFORMATION: VETERAN PARENT MUST PROVIDE COPY OF DD214, MILITARY DISCHARGE PAPERS -- REQUIRED

LAST NAME

FIRST NAME

INITIAL

ADDRESS: STREET & NUMBER

CITY / VILLAGE / TOWN / STATE

ZIP

Military Service: Branch:

From:

To:

AREA CODE / PHONE NUMBER

DATE OF BIRTH

AUTHORIZATION: I authorize my high school/ my child's high school to complete/provide the information requested below on this application:

X:

APPLICANTS/STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL INFORMATION TO BE COMPLETED BY GUIDANCE COUNSELOR OR PRINCIPAL:

NAME OF HIGH SCHOOL

CODE NUMBER

ADDRESS: STREET & NUMBER

CITY/VILLAGE/TOWN/STATE

ZIP

AREA CODE / PHONE NUMBER

NAME AND POSITION OF SCHOOL STAFF PROVIDING THE FOLLOWING:

IS THIS STUDENT A SENIOR IN HIGH SCHOOL THIS YEAR? _____ YES _____ NO

WHAT IS THE EXACT RANK FOR THIS STUDENT IN THEIR JUNIOR YEAR? _____ JUNIOR CLASS SIZE? _____

WHAT ARE THE LATEST SAT SCORES FOR THIS STUDENT? VERBAL: _____ MATH: _____ WRITTEN: _____ TOTAL: _____

- PLEASE PROVIDE COPIES OF ETS SAT SCORES FOR THIS STUDENT – REQUIRED
- ETS SAT SCORES AND YOUR SIGNATURE BELOW IS OUR VERIFICATION THAT SCHOOL INFORMATION IS CORRECT

X:

SIGNATURE OF SCHOOL STAFF

DATE