

DISABLED AMERICAN VETERANS SCHOLARSHIP

DEADLINE: APRIL 10th by 9:00am

If this date lands on a weekend, then deadline adjusts to 9a the first Monday following the 10th. No forms will be accepted after the appropriate deadline.

PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

HIGH SCHOOL:

GRAD DATE/YEAR:

MAILING ADDRESS:

EMAIL:

PHONE:

MOTHER/GUARDIAN:

OCCUPATION:

FATHER/GUARDIAN:

OCCUPATION:

DISABLED AMERICAN VETERANS

A scholarship will be awarded to graduating high school seniors from the high schools of Bonner and Boundary counties and be pursuing an academic or vocational education program leading to a degree or certification. Recipient must be an immediate family member of a disabled veteran (parents, grandparents, and great grandparents). The veteran member can be active duty, retired, or a reservist that has served or is currently serving in the U.S. Military from WWII to present.

SELECTION CRITERIA

1. Recipient must be an immediate family member of a disabled veteran (parents, grandparents, and great grandparents). The veteran member can be active duty, retired, or a reservist that has served or is currently serving in the U.S. Military from WWII to present.
2. Applicant must be pursuing an academic or vocational education program leading to a degree or certification.

APPLICATION CHECKLIST

Print on normal printer paper (not thick fancy paper). Place application items in the exact order as below in a clear project folder.

Disabled American Veterans Cover

Common Scholarship Application including essay

Official Transcript

Recommendation #1 from a teacher or other school official (no family members or peers)

Recommendation #2 from a community member or employer (no family members or peers)

SUBMISSION INSTRUCTIONS

BONNER AND BOUNDARY COUNTY HIGH SCHOOLS: Mail your completed application postmarked by April 10 to Mike Trenholm, DAV Chapter 15, 277 North Wrenco Road, Sandpoint ID 83864.

IF YOUR APPLICATION IS INCOMPLETE, IT WILL BE ELIMINATED IMMEDIATELY.

DISABLED AMERICAN VETERANS SCHOLARSHIP SUPPLEMENT

NAME:

BIRTHDATE:

COUNTY OF RESIDENCE:

VETERAN FAMILY MEMBER DATA - LIST ALL INFORMATION TO THE BEST OF YOUR KNOWLEDGE

FULL NAME OF VETERAN:

RATE/RANK

ACTIVE DUTY START YEAR

END YEAR

BRANCH OF SERVICE:

UNIT SERVED WITH:

DAV CHAPTER ASSOCIATED WITH:

IF CHAPTER IS UNKNOWN...CITY & STATE:

DISABLED AMERICAN VETERANS SCHOLARSHIP ESSAY

Answer with up to 3000 characters (about 500 words)

DESCRIBE HOW YOUR CHOICES IN LIFE HAVE BEEN INFLUENCED BY YOUR VETERAN FAMILY MEMBER.