



VIETNAM VETERANS OF AMERICA MIAMI VALLEY CHAPTER 97

P. O. Box 2707 Dayton, Ohio 45401
(937) 233-9750

To Applicant:

The Vietnam Veterans of America, Miami Valley Chapter 97, has established a scholarship fund. This year we will award a \$1000.00 scholarship to a deserving Miami Valley student in their pursuit of higher education.

The requirements for applying are unique. You must have achieved a minimum 2.5 GPA and meet the following criteria:

- Spouse, child, grandchild, legally adopted or stepchild of any honorably discharged veteran
- Spouse or child of any active duty or deployed personnel
- Submission of proof of service upon notification of award. **Do not** send proof of veteran relationship with submission package

THE SCHOLARSHIP WILL BE PAID DIRECTLY TO THE COLLEGE, TRADE OR VOCATIONAL SCHOOL IN THE RECIPIENTS NAME. PROOF OF ACCEPTANCE TO THE INSTITUTION, STUDENT ID# AND PROOF OF VETERAN RELATIONSHIP IS REQUIRED FOR PAYMENT.

Please type or neatly print all required information. Be sure to enclose references from two (2) non-related individuals. Your guidance counselor or other school official must complete the GPA portion of the application. Additionally, the applicant must submit a short essay (less than 350 words) indicating how award of this scholarship will aid them in pursuing their chosen career.

Each application must be returned as one **complete** package. An incomplete submission will be a basis for disqualification. All applications must be received or postmarked by **April 6, 2018**. Any applications received after the closing date will not be considered. Please mail your application, complete with references, guidance counselor form and essay to the following address:

Vietnam Veterans of America
Miami Valley Chapter 97
ATTN: Scholarship Committee
P.O. Box 2707
Dayton, OH 45401-2707



VIETNAM VETERANS OF AMERICA
MIAMI VALLEY - CHAPTER 97
SCHOLARSHIP APPLICATION



TO BE COMPLETED BY STUDENT

STUDENT INFORMATION

NAME : _____

ADDRESS : _____

PHONE : _____

BIRTH DATE : _____

HIGH - VOCATIONAL SCHOOL INFORMATION

SCHOOL : _____

ADDRESS : _____

DISTRICT : _____

COUNTY : _____

RELATED - VETERAN INFORMATION

VETERANS

NAME : _____

ADDRESS : _____

MILITARY VERIFICATION (REQUIRED ONLY IF SELECTED FOR SCHOLARSHIP)

Copy of the DD-214 of the above named _____ Veteran. If this information is unavailable for some reason, call the Montgomery County Veterans Service Office at (937) 225-4801 for assistance. If the veteran is deceased, a copy of the certificate of death is required.

How are you related to the Veteran ?:

SON - DAUGHTER: _____ **WIFE:** _____ **OTHER DEPENDENT:** _____



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SCHOLARSHIP APPLICATION**



PERSONAL REFERENCE FORM

TO BE COMPLETED BY STUDENT

NAME: _____

ADDRESS: _____

TO BE COMPLETED BY: PERSONAL REFERENCE TO STUDENT

NAME: _____

TITLE: _____

BUSINESS: _____

BUSINESS

ADDRESS: _____

How long have you known the student? _____

Comments: _____

OTHER FORMS ARE ACCEPTABLE
