

Vietnam Veterans of America Westchester County Chapter 49 Scholarship Awards Program

Vietnam Veterans of America Westchester County Chapter 49 annually awards scholarships in the amount of \$700.00 for each of the following scholarships: the Pete Lambert Memorial Scholarship, the Congressman Hamilton Fish Jr. Memorial Scholarship, the Peter T. McCauley Memorial Scholarship, the Anthony Shine Memorial Scholarship, Jonathan Shine Memorial Scholarship, and the William Suddereth Memorial Scholarship. These awards are granted to assist students with a college/university or technical/vocational school education.

Eligibility: must be a high school student who is graduating this year, is a child or a grandchild of a veteran who served on active duty in any branch of the military during any war or peacetime, and will be attending an accredited college/university or technical/vocational school.

How to apply:

Students – 1) Must complete student section of application form and sign the authorization section where indicated.

2) Must have parent or guardian sign authorization section of application for the school to complete and provide requested information.

3) Must print or type a brief resume of extra curricular activities including school clubs, sports, art, music, student government, work experience, community activities, volunteer work and other interests.

4) Must print or type a statement, not to exceed two pages, on the topic "The affect (if any) of my parent's or grandparents military service on my attitudes toward life and country."

5) Must ensure that application is completed accurately, provide resume and statement (#3 and #4 above), provide a copy of DD214 from veteran parent/grandparent, provide copies of SAT/ACT Scores from Guidance Counselor or Principal, and forward complete package by **APRIL 1, 2019** to:

**Vietnam Veterans of America Westchester County Chapter 49
Scholarships Awards Committee
P.O. Box 224
Pleasantville, NY 10570**

Parent or Guardian – 1) Must complete Parent/Guardian and Military Service Information section of application including signing of Authorization section of application for the school to complete and provide requested information.

2) Must provide copy of parents'/grandparent's DD214 – military discharge papers to student to be forwarded with application and other required documents.

Guidance Counselor or Principal – 1) Must complete school section of application.

2) Must provide copy of students SAT/ ACT Scores to student to be forwarded with application and other required documents.

Selection of Awardees and Presentation of Scholarships: VVA Chapter 49's Scholarship Committee is solely responsible for the selection process. In late April the Committee will notify those selected for scholarships and their high schools. At that time the acceptance and enrollment of those selected in an accredited institution will be verified. Scholarship awards will be presented at the General Membership Meeting of VVA Chapter 49 in May. **The Scholarship Committee will not consider application packages that are not complete or do not include all of the required information and documents. All application packages received will be considered confidential and will not be returned.**

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/GRANDPARENT 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

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 LATEST SAT/ACT SCORES FOR THIS STUDENT? VERBAL: _____ MATH: _____
WRITTEN: _____ TOTAL: _____

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

X: _____
SIGNATURE OF SCHOOL STAFF

DATE