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