



3. If married, full name of spouse (include maiden name) \_\_\_\_\_

Number of dependents and ages \_\_\_\_\_

4. Have you been an active member of the DAV Auxiliary as as Senior or Junior member?

Yes  No

If yes, how many years? \_\_\_\_\_

Have you held any elected or appointed unit positions?

Yes  No

If yes, please list: \_\_\_\_\_

Have you participated in any activities or projects with the DAV or the DAV Auxiliary?

Yes  No

If yes, please list: \_\_\_\_\_

5. Have you participated in any activities for veterans in your school, community, or elsewhere?

Yes  No

If yes, please list: \_\_\_\_\_

6. List any volunteer work you have done in the past three years: \_\_\_\_\_

7. List any extracurricular activities you have participated in during the past two years: \_\_\_\_\_

8. List any clubs or organizations you are a member of. If you held any office for the organization, please list: \_\_\_\_\_

9. List any honors that you have received.

10. List academic goal(s) you wish to achieve

**EDUCATION EXPENSES, INCOME & RESOURCES**

I will reside during the school year at:  Home  Campus  Off Campus

**Budget Information**

**Estimated Cost Per Year**

1. Tuition	<u>          </u>
2. Books & Supplies	<u>          </u>
3. Fees	<u>          </u>
4. Room	<u>          </u>
5. Board	<u>          </u>
6. Travel	<u>          </u>
<b>TOTAL ESTIMATED COST</b>	<u>          </u> <b>\$0</b>

**Applicant's**

**Estimated Resources Per Year From:**

A. Family/Parents contribution Spouse, if married	<u>          </u>
B. Scholarship & Grants applied for Amount Approved	<u>          </u>
C. Loans applied for Amount Approved	<u>          </u>
D. Social Security	<u>          </u>
E. Veterans Benefits	<u>          </u>
F. All Other Income	<u>          </u>
G. Applicant's Employment (Based on estimated income for the year applying for scholarship)	<u>          </u>

**FIGURES WILL BE VERIFIED  
AND MUST BE COMPLETE**

**TOTAL ESTIMATED RESOURCES**            **\$0**

Explain amounts shown on Lines B-C-D-E-F-G and indicate if these are renewals and amounts. If you have not applied for state or government loans, explain what was received last year, if applicable. **(This section must be completed or a scholarship will not be considered.)**

[Empty text area for explanation]

**Please submit any information that might affect your application for a scholarship.**

**REFERENCES:**

List the name, address, and phone number of (3) persons recommending you for this scholarship and include a letter of reference from each. One must be from a teacher, counselor, or your principal. If you graduated more than one year ago, one reference must be from an employer or former employer. References must be over the age of 21 and not a relative.

	<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
1.			
2.			
3.			

I hereby affirm the correctness of the information submitted.

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT** \_\_\_\_\_

**\*\*Attach a recent photograph and enclose an official transcript of grades.**

**Failure to complete the application in its entirety will disqualify the applicant.**

This application must be completed, signed and postmarked **NO LATER THAN MARCH 15, 2012**, and sent to the National Disabled American Veterans Auxiliary Headquarters at the address below.

National Education Scholarship Fund  
National Disabled American Veterans Auxiliary  
3725 Alexandria Pike  
Cold Spring, KY 41076

