



# AWARDS BULLETIN

## Jesse Brown Memorial Youth Scholarship Program

DAV is seeking nominations for the 2017 Jesse Brown Memorial Youth Scholarship Program. As you may know, this program is designed to encourage youth volunteers to become active in the Department of Veterans Affairs Voluntary Service Program (VAVS) and/or DAV's Local Veterans Assistance Program (LVAP).

The Jesse Brown Memorial Youth Scholarship Program honors former national service officer and Secretary of Veterans Affairs Jesse Brown. It is given in memory of a DAV leader dedicated to veterans, through the recognition of those who carry on his legacy of service. This scholarship is awarded to youth volunteers who are committed to serving veterans. Each year, one outstanding applicant receives the top scholarship in the amount of \$20,000 to help fund their higher education. In addition, the top winner and parent/guardian receive round-trip airfare (lowest non-refundable fare), hotel accommodations, and per diem for three days to attend the DAV National Convention. The winner will be presented the award and be recognized for their dedication and commitment to veterans.

Additional scholarships are awarded annually in the following amounts:

- Second prize of \$15,000
- Third prize of \$10,000
- Fourth prize of \$7,500 (two awarded annually)
- Fifth prize of \$5,000 (three awarded annually)

The 2016 top honor was awarded to an applicant who had volunteered **669** hours over the span of four years at his local VA medical center.

### Eligibility:

- Scholarships can be awarded to any volunteer who is age 21 or younger and has volunteered for a minimum of 100 hours through the DAV VAVS Program, DAV Auxiliary or DAV's LVAP.
- The youth must credit their volunteer hours to DAV to be considered for the scholarship.
- The scholarships can be used for any accredited institution of higher learning, to include universities, colleges, community colleges or vocational schools, etc.
- Scholarships must be utilized in full prior to the recipient attaining the age of 25 or within six years of receiving the scholarship, whichever is later.
- Nominations for this award may be submitted by the Voluntary Services Program Manager at a VA medical center, DAV department commander or the student may complete a self-nomination.
- All nomination packets should include a nomination form, essay and any supporting documentation which you would like to have considered by the selection committee.

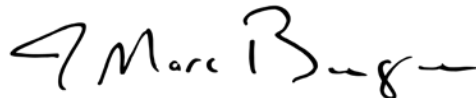
As you know, it is vital that we continue to engage and involve youth in the benefits of volunteering, so we ask for your continued support of this scholarship program. To this end, we ask that all DAV department commanders and voluntary service program managers select deserving youth volunteers from your facilities for this award by completing the attached nomination form. Please feel free to copy the nomination form as needed or contact DAV National Headquarters for additional forms. Completed nomination forms should be returned to DAV National Headquarters **no later than February 28, 2017.**

Nominations may also be received from DAV chapters, DAV Auxiliary units and all DAV and DAVA representatives and deputy representatives. DAV departments, chapters or Auxiliary units with youth meeting eligibility requirements may submit nomination forms for youth volunteering through LVAP.

Youth volunteers may also nominate themselves for this award. The application form is attached.

We encourage you to solicit recommendations and information from the VAMC Director, Program Managers and other staff members who are directly involved with the VAVS Program in your facilities. With regard to LVAP, please solicit recommendations and information from the appropriate department, chapter or Auxiliary unit officials.

Thank you for your participation. Please remember, your nomination must be received at DAV National Headquarters by **February 28, 2017.** If you have any questions regarding this process, please contact Voluntary Services Director John Kleindienst at vavs@dav.org or (859) 442-2056.

A handwritten signature in black ink that reads "J. Marc Burgess". The signature is written in a cursive style with a long horizontal stroke at the end.

J. MARC BURGESS  
National Adjutant

JMB:dsb



**2017 Hospital and Voluntary Services Award Nomination Form**  
**DAV Jesse Brown Memorial Youth Scholarship Program**

*Use this form if you are nominating a youth volunteer at your facility.*

Nominee's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

VAMC Name \_\_\_\_\_

VAMC \_\_\_\_\_ Station Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

VAVS Program Manager \_\_\_\_\_ Phone \_\_\_\_\_

DAV LVAP Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

**Please answer the following questions. (Attach additional sheets as needed.)**

1. During his/her lifetime, how many volunteer hours did the youth donate to:

DAV VA Voluntary Service \_\_\_\_\_ DAV LVAP \_\_\_\_\_

2. How many years has the youth volunteered with the: VAMC \_\_\_\_\_ DAV LVAP \_\_\_\_\_

3. During the past calendar year, did the youth maintain employment of any kind?  Yes; average hours per week \_\_\_\_\_  No

4. What service does the youth normally volunteer in?

5. How does the youth's presence impact the patients, volunteer program or activity?

6. Has the youth been responsible for introducing additional volunteers into the DAV VAVS or LVAP program?  Yes  No  
 If yes, please elaborate.

7. What are the future goals of the youth that you are nominating?

8. The youth volunteer's dependability is:  Fair  Good  Excellent

# 2017 Hospital and Voluntary Services Award Nomination Form, continued

## DAV Jesse Brown Memorial Youth Scholarship Program

Nominee's Name \_\_\_\_\_

9. Please describe any special aspects of the youth volunteer you are nominating.

**Approved by** *(requires at least one signature)*

\_\_\_\_\_  
DAV Department Commander

\_\_\_\_\_  
VAVS Program Manager

\_\_\_\_\_  
Date

**When submitting your nomination, you must include the following items:**

- Nominee's 750-1,000 word essay on "What volunteering has meant to me"
- Recent photo of nominee, suitable for publicity purposes. Acceptable formats include:
  - (1) glossy print, at least 4" x 6"
  - (2) CD/USB drive containing a JPEG image measuring at least 4" x 6" and 300 ppi or higher
- Nominee's signed consent (below)
- Optional:** Photos of the youth volunteering at the VAMC

### Consent Form

I, \_\_\_\_\_, hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian, if nominee is younger than 18

\_\_\_\_\_  
Date

Please submit your nomination by February 28, 2017 to the Voluntary Services Department via email at [vavs@dav.org](mailto:vavs@dav.org) or via postal mail at the address below.

DAV National Headquarters  
Voluntary Services Department  
3725 Alexandria Pike  
Cold Spring, KY 41076



**2017 Hospital and Voluntary Services Award Nomination Form**  
**DAV Jesse Brown Memorial Youth Scholarship Program**

*Use this form if you are nominating yourself.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

VAMC Name \_\_\_\_\_

VAMC \_\_\_\_\_ Station Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

VAVS Program Manager \_\_\_\_\_ Phone \_\_\_\_\_

DAV LVAP Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

**Please answer the following questions. (Attach additional sheets as needed.)**

1. During your lifetime, how many volunteer hours did you donate to:

DAV VA Voluntary Service \_\_\_\_\_ DAV LVAP \_\_\_\_\_

2. How many years have you volunteered with the: VAMC \_\_\_\_\_ DAV LVAP \_\_\_\_\_

3. During the past calendar year, did you maintain employment of any kind?  Yes; average hours per week \_\_\_\_\_  No

4. What service do you normally volunteer in?

5. How does your presence impact the patients or local veterans?

6. Have you been responsible for introducing additional volunteers into the DAV VAVS or LVAP program?  Yes  No  
 If yes, please elaborate.

8. What are your future goals?

# 2017 Hospital and Voluntary Services Award Nomination Form, continued

## DAV Jesse Brown Memorial Youth Scholarship Program

Name \_\_\_\_\_

7. How did you learn about DAV's Jesse Brown Youth Scholarship Program?

- DAV's Hospital Service Coordinator, Representative or volunteer
- DAV's website
- VA Chief or VA Voluntary Service Program Manager
- DAV Department Commander, Adjutant or staff member
- Facebook or social media
- Other: \_\_\_\_\_

9. Please describe any special aspects you would like us to consider.

### When submitting your nomination, you must include the following items:

- 750-1,000 word essay on "What volunteering has meant to me"
- Recent photo of yourself, suitable for publicity purposes. Acceptable formats include:
- (1) glossy print, at least 4" x 6"
  - (2) CD/USB drive containing a JPEG image measuring at least 4" x 6" and 300 ppi or higher
- Signed consent (below)
- Optional:** Photos of the yourself volunteering at the VAMC

### Consent Form

I, \_\_\_\_\_, hereby authorize DAV to use my name, photo and biographical information in connection with the National Commander's Awards Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian, if nominee is younger than 18

\_\_\_\_\_  
Date

**Approved by** *(requires at least one signature)*

\_\_\_\_\_  
DAV Department Commander

\_\_\_\_\_  
VAVS Program Manager

\_\_\_\_\_  
Date

Please submit your nomination by February 28, 2017 to the Voluntary Services Department via email at [vavs@dav.org](mailto:vavs@dav.org) or via postal mail at the address below.

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Cold Spring, KY 41076