

DAV AUXILIARY
ONslow COUNTY UNIT 16
EDUCATION SCHOLARSHIP FUND

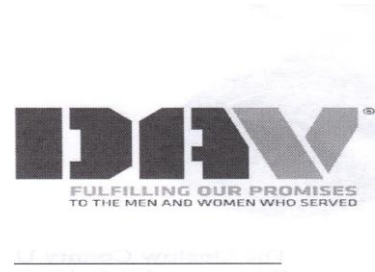
The Onslow County Unit of the DAV AUXILIARY (DAVA) desires to award up to 10 scholarships from the Unit Educational Scholarship Fund. The purpose of the fund is to provide educational scholarships to applicants who are pursuing a degree and will be enrolled as a full-time student (12 semester hour minimum) in an accredited institution. The DAVA Scholarship is awarded for a maximum of four (4) years and must be applied for each year.

AMOUNT OF SCHOLARSHIP

The amount of the scholarship can vary from year to year based on the funds available in the scholarship fund.

REQUIREMENTS

Applicants must have a GPA of 2.5 or higher. Complete and sign official application provided on DAV website. Outdated, modified, incomplete or late applications will not be considered. Completed applications must be postmarked by April 1st of each calendar year. This scholarship is open to high school students, college students and vocational school students.



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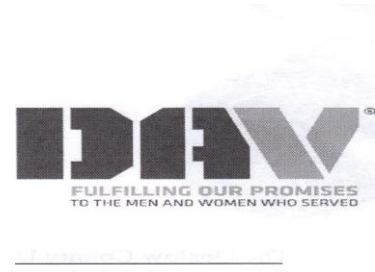
INSTRUCTIONS

HIGH SCHOOL STUDENTS

1. Acceptance letter from educational institution you are planning to attend.
2. Current copy of your high school transcript.
3. Expected date of graduation.
4. Your high school resume outlining your academic achievements, honors, community service and post-educational goals (typed, Times New Roman font, size 12).
5. Recommendations from a teacher, advisor, principal, or school official (total of 3 from different school officials).

COLLEGE STUDENTS

1. Current copy of your college transcript.
2. A brief personal letter expressing professional goals and objectives upon completion of education (no more than 1 page, typed, Times New Roman font, size 12).
3. Resume outlining academic achievements, honors, and community services.
4. Recommendation from a college professor and 2 other school officials (total of 3).



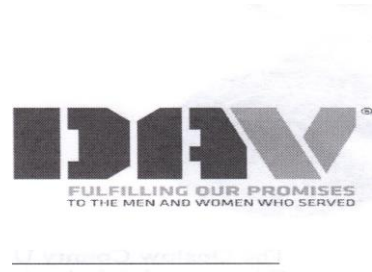
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INSTRUCTIONS.

Answer questions according to directions in application form.

ESSAY QUESTIONS

1. What does it mean to defend your country?
2. What issues do you think our veterans find most challenging? What would be a possible solution?
3. If you had the authority to change your community in a positive way, what specific changes would you make?
4. How will your education help the ill, mentally ill and those suffering from PTSD?



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APPLICATION Form page 1

I, _____, affirm that the information given in this application is accurate and true.

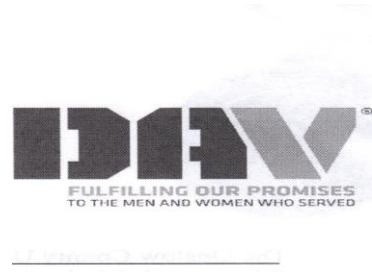
Number of years I plan to attend: _____

Desired Major _____

Anticipated graduation date _____.

Anticipated graduation date _____.

On behalf of the Disabled American Scholarship Committee, we look forward to receiving your application and wish you the best in your future academic endeavor. Hand delivered or emailed applications will not be considered. It is recommended you do not wait until April 1st to mail your application and consider mailing via USPS Return Receipt Requested.



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Application form page 2.

APPLICANT INFORMATION: (MUST BE TYPED OR PRINTED LEGIBLY)

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone Number: _____

Email: _____

Name of institution you have been accepted to and plan to attend: (acceptance letter required and must be included) _____

**** Circle college year you will be starting in fall****

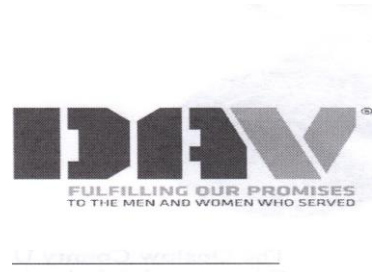
1st 2nd 3rd 4th

GPA: _____ (transcript is required from educational institute and be attached)

I affirm that the information given in this application is accurate and true.

Signature of Applicant: _____

Date: _____



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Application Form page 3

Are you or family member a DAV Member or DAVA Member?

Relationship to Applicant: Father, Mother, Grandparent, Spouse, Self. (You do not need to be a member or related to a member to be considered).

Member's Name: _____ DAV / DAVA

Membership # _____ Chapter/Unit # _____ City _____ State _____



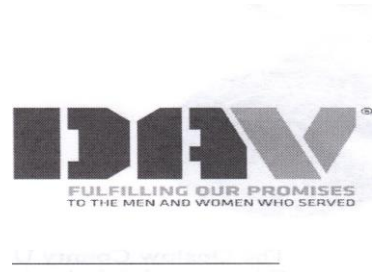
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Application Form page 4

On behalf of the Disabled American Veteran Auxiliary Scholarship Committee, we look forward to receiving your application and wish you the best in your future academic endeavors. Hand-delivered or emailed applications will not be considered. All applications must be postmarked by April 1 and mailed with all required documentation to the DAV Auxiliary. It is recommended you do not wait until April 1 to mail your application and consider mailing via USPS Return Receipt Requested.

ADDRESS

DAV AUXILIARY UNIT 16
Attention: Auxiliary Commander or Adjutant
300 Sherwood Road
Jacksonville, NC 28540



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Application Form page 5

REFERENCES

List the NAME, ADDRESS, and PHONE NUMBER of three individuals recommending you for this scholarship and INCLUDE A RECOMMENDATION LETTER from each. Recommendations can include a teacher, professor, advisor, or principal from the school you most recently attended. If you graduated more than (1) one year ago, a maximum of one reference may be from a current or former employer. References must be over the age of 21 and ARE NOT a relative.

NAME:

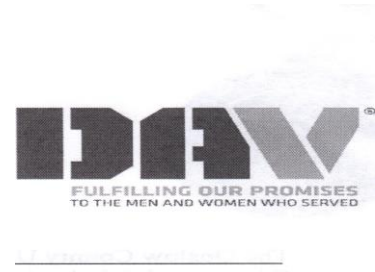
ADDRESS:

PHONE:

1.

2.

3.



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Application Form page 6

ESSAY

In 200/250 words (typed, Times New Roman font, size 12, double spaced) answer ONE of the following four questions:

1. What does it mean to defend your country?

2. What issues do you think our veterans find most challenging? What would be a possible solution?

3. If you had the authority to change your community in a positive way, what specific changes would you make?

4. How will your education help the ill, mentally ill and those suffering from PTSD?



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Application Form page 7

REMINDER

All applicants must be high school students, college students, or vocational school students. Enclose a copy of the acceptance letter and Student ID number from the college, university, or vocational school that the applicant will attend (required for all students). NO EXCEPTIONS.

Enclose an official transcript from the most recent educational institution you attended and submit any additional information that might affect consideration of your application for this scholarship.

Failure to complete the application in its entirety or provide required enclosures will disqualify the applicant.

I hereby affirm that information submitted on this scholarship application is correct and true.

SIGNATURE OF APPLICANT: _____

DATE: _____