

**VIETNAM VETERANS OF AMERICA
WESTCHESTER COUNTY CHAPTER #49 SCHOLARSHIP AWARDS
PROGRAM**

Vietnam Veterans of America - Chapter# 49, awards seven scholarships of \$1 ,500 each year to high school or vocational school graduates in Westchester County. These scholarships honor six outstanding individuals from our area. The scholarships are named, the Pete Lambert Memorial Scholarship, the Congressman Hamilton Fish Jr. Memorial Scholarship, the Peter T. McCauley Memorial Scholarship, the Anthony Shine Memorial Scholarship, the Jonathan Shine Memorial Scholarship, the William Suddereth Memorial Scholarship and the Paul Bucha Memorial Scholarship.

ELIGIBILITY: Students who will complete high school in Westchester County this year, are the child or a grandchild of an active-duty service veteran, and plan to attend an accredited college/university or vocational/technical school are eligible to compete for the scholarships. **Please note** that service in the Reserves or National Guard does not make up veteran status unless they were activated for more than 90 days for purposes other than training. **Also note** that the child/grandchild of any veteran is eligible; service does not have to be during the Vietnam era.

HOW TO APPLY: There are five selection criteria that the student must submit to be considered for a scholarship:

1. 00-214 or honorable discharge of parent/grandparent
2. SAT/ACT scores; **Note:** for those who will be attending a vocational/technical school this requirement will be waived. If your School does not offer ACT/SAT tests, then we request that high School staff provide a record of the student's academic or vocational achievements such as report cards or other grade transcripts.
3. A resume of extracurricular activities to include school clubs, sports and student government, work experience, volunteer experience and other interests. Relevant references, with addresses and phone numbers, should be provided.
4. A written statement, not to exceed two typed pages, on the topic "The effect (if any) of my parent's/grandparent's military service on my attitudes toward life and country."
5. Student, parent/guardian, and School staff must sign application.

Students should complete the attached application and return it, along with the other requested items, by April 1st to:
Vietnam Veterans of America #49
Scholarship Committee
P.O. Box224
Pleasantville, NY 10570

SELECTION OF AWARDEES AND PRESENTATION OF SCHOLARSHIPS: WA#49 Scholarship Committee is solely responsible for the selection process. In late April, the Committee will notify those selected for scholarships and their high schools. The acceptance and enrollment of those selected in an accredited college or technical school will be verified. Scholarship awards will be presented at our May meeting or mailed to the awardees.

THE SCHOLARSHIP COMMITTEE WILL NOT CONSIDER APPLICATIONS THAT DO NOT CONTAIN ALL OF THE REQUESTED INFORMATION IN ITS REQUIRED FORM OR ARE RECEIVED AFTER THE SUBMITTAL DATE.

NOTE TO CHAPTER MEMBERS OUTSIDE OF WESTCHESTER COUNTY: YOU DO NOT HAVE TO RESIDE IN WESTCHESTER COUNTY TO APPLY FOR OUR SCHOLARSHIP. PLEASE CALL THE CHAPTER AND WE WILL SEND YOU AN APPLICATION package.

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
BIRTH

DATE OF

*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