



Veterans Committee of Harvey County (VCHC)
Spc. Ronald A. Schmidt Memorial Scholarship
Application

Please type or print clearly.

Name: _____
First *MI* *Last*

Address: _____
Street *City* *County* *State* *Zip*

Telephone: _____ DOB: _____ Sex: _____

Parent/Guardian's Name (s): _____

Parent/Guardian's Signature: _____

I certify that the information furnished in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

APPLICATION PART 1

Please note: This page must be legibly handwritten or typed.

A. GENERAL INFORMATION

1. Name and relationship of Veteran under who you qualify: _____

2. Name of father, stepfather or guardian: _____

Veteran: Yes No Dates of Service: _____

Occupation: _____ Annual Gross Income: _____

3. Name of mother, stepmother or guardian: _____

Veteran: Yes No Dates of Service: _____

Occupation: _____ Annual Gross Income: _____

4. Number of Dependents in family including applicant: _____

Ages of all Dependents: _____

Number in College: _____ Number in High School: _____

5. Are you eligible for benefits under Survivors and Dependents Education? Yes No

6. Proposed date of graduation from high school: _____

7. Name of institution you are planning to attend: _____

Have you been accepted? Yes No Attach copy of acceptance letter or form.

Intended course of study/major: _____

How many years are required for a degree in this field? _____

8. Describe your involvement in school, church, and community activities. Use separate page if needed and attach. (Please indicate here if you are using a separate attachment.)

APPLICATION PART 1 (cont) Please note: This page must be legibly handwritten or typed.

A. (cont)

9. Do you have a part time job? If yes, describe.

10. Describe activities that would provide examples of your leadership skills/ability.

B. FINANCIAL INFORMATION

Expected Family Contribution (EFC): After submitting your FAFSA you will receive a Student Aid Report (SAR). The SAR will list your EFC.

What is your EFC? _____

Estimated cost of one year of education at the institute you plan to attend:

Tuition: \$ _____

Room & Board \$ _____

Textbooks: \$ _____

Fees: \$ _____

Supplies: \$ _____

Equipment: \$ _____

TOTAL: \$ _____

APPLICATION PART 1 (cont) Please note: This page must be legibly handwritten or typed.

C. ADDITIONAL SUPPORT

Have you been offered any other scholarships? Yes No List these awards below:

Name: _____ Amount: _____ Duration: _____

Name: _____ Amount: _____ Duration: _____

Name: _____ Amount: _____ Duration: _____

Name: _____ Amount: _____ Duration: _____

D. TUITION PLAN

Payment plan for the balance of your tuition, books, fees, etc.: (Please check the applicable category.)

Student Loan: Parent Support: Additional scholarship: Part-time work:

Other (specify): _____

Will accepting this scholarship reduce the value of any other scholarship (s) you may have applied for or have received? Yes No

Please Note: This scholarship cannot be used to reduce any other aid or scholarship you have received or may receive.

APPLICATION PART 2 Please note: This page must be legibly handwritten or typed.

ACADEMIC RECORD

This section is to be completed by your guidance counselor or a high school official. Please attach a certified copy of your high school transcript.

High School enrollment: _____ Number of students in class: _____

Applicants GPA: _____ GPA Scale: _____ Class Ranking: _____

Graduation Date: _____ School Type: Public Private Home

SAT Scores Math ___ Verbal ___ Written ___ Total ___ and/or ACT _____

Signature _____ Date _____

Type/Print Name _____ Title _____

Affix school stamp or seal.

APPLICATION PART 3 Please note: This page must be legibly handwritten or typed.

REFERENCES

Agreement statement: By my signature below I will provide a reference for applicant

_____ who I understand is applying for the Memorial Scholarship from the VCHC.

1. Current Guidance Counselor or other assigned administrator:

Name: _____ Title: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Signature: _____

2. Community Member:

Name: _____ Title: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Signature: _____

3. Employer or current high school teacher:

Name: _____ Title: _____

Email Address: _____ Telephone: _____

Mailing Address: _____

Signature: _____

APPLICATION PART 4 Please note: This page must be typed.

ARTICLE/ESSAY

In 1,000 words, but not less than 800, (typed, double-spaced, 12 font) on a separate page attachment write an original article/essay on “Our Community Will Never Forget”—(as it pertains to local service members and Veterans) what does this statement mean to me.

APPLICATION PART 5 Please note: This page must be legibly handwritten or typed.

CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Note: Please be sure to attach all required materials to this application and submit to the Veterans Committee of Harvey County selection board NO LATER THAN APRIL 15, 2009.

SCHOLARSHIP AGREEMENT

The following will apply and your signature is required as your acknowledgement of and acceptance of these requirements. No exceptions will be granted.

1. Repayment of the scholarship must be made if the applicant does not complete one entire semester of higher education.
2. Once the applicant fails to meet any one of the eligibility requirements, the scholarship will be voided.
3. The applicant must agree to an interview by the scholarship committee (if necessary) prior to the granting of the scholarship.
4. The scholarship can only be used for part time and full time students of higher education, carrying a minimum of six (6) credit hours (PT) or twelve (12) credit hours (FT) or its equivalent.

Your signature below indicates your acceptance of the requirements of this scholarship as stated above.

Applicants Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Applicants signature must be witnessed by his or her guidance counselor or school administrator.

Witness: _____ Title: _____

Certification

If I am selected as the scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to the Veterans Committee of Harvey County to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Selection Committee is solely responsible for the selection of the scholarship winner and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to the Veterans Committee of Harvey County for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the Spc. Ronald A. Schmidt Memorial Scholarship.

Student's Signature

Date

If my child is selected as the scholarship winner and in consideration thereof, we understand, agree and hereby grant permission to the Veterans Committee of Harvey County to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the Selection Committee is solely responsible for the selection of the scholarship winner and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to the Veterans Committee of Harvey County for use in administering my child's Scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree, falsification of information will result in termination of the Spc. Ronald A. Schmidt Memorial Scholarship.

Parent's/Guardian's Signature

Date