



**Paralyzed Veterans
of America**

PARALYZED VETERANS OF AMERICA
Educational Scholarship Program

2016 Application

Please type or print all information in blue or black ink.
To ensure your application is properly processed make sure it is complete, neat, and legible.

Applicant Information

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____
Month Day Year

Applicant's Relationship to Member: _____

Previous PVA Scholarship Award Recipient? No _____ Yes _____ If yes, what year(s)? _____

Paralyzed Veterans of America Member Information

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____
Month Day Year

Member's PVA ID#: _____ Chapter Name: _____

CURRENT / FUTURE EDUCATION

List the school to which you have been accepted or are enrolled as a student. Use official school name, do not use abbreviations. If current student, you must submit an official academic transcript through the latest completed semester or quarter.

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Dates Attending: from _____ through _____

Enrollment Status:

Full-Time Student

Part-Time Student (less than 12 credits)

Student Status:

New Student

Current Student

Graduate Level

(First year or have not attended in the past five years)

Major or Course of Study: _____ Expected Graduation Date: _____

Degree Sought: Bachelor

Associate

Certificate

Other

PAST EDUCATION

List in order of attendance the high school, college, university, or trade school you have attended. (Note: Leave this section blank if you have not attended school in the past five years). Attach a separate sheet if more space is required. **Academic transcripts must be submitted for each school listed below.**

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

EXPERIENCE

Extracurricular Activities

List school, sports or community extracurricular activities in which you have been involved.

Activity

Dates

Paid or Volunteer Activities

Describe work experience and volunteer activities.

Place

Activity

Dates

Honors and Awards

List all honors and awards you have received.

Honor/Award

Issued by

Date

APPLICATION CHECKLIST

All of the following components must be postmarked no later than **June 17, 2016** (there will be no exceptions). Applications missing any of the following sections will not be considered.

- Application
- Personal Statement
- Transcript(s) (if applicable)
- Letters of Recommendation
- Verification of Enrollment

RELEASE

Permission is hereby granted to school officials from the above listed schools to release scholastic records and other requested information for consideration in the PVA Educational Scholarship Program, with the exception of the following:

I certify that the preceding information is true and correct to the best of my knowledge. I understand that all decisions rendered by PVA and the Scholarship Review Committee on the award and administration of scholarships are final. If I am selected as a scholarship recipient, I authorize PVA to use photographs, statements, or general information contained in this application for publicity purposes except for the following items:

Student Signature: _____ Date: _____

Member Signature: _____ Date: _____
(if student is not a PVA Member)



PARALYZED VETERANS OF AMERICA

Letter of Recommendation

Paralyzed Veterans
of America

School Official

Applicant Name:

Name: _____

Title: _____

School: _____

The above-named student is an applicant for the Paralyzed Veterans of America Educational Scholarship Program. To complete this application, we need a carefully-considered written assessment of his/her character, ability and performance as a student at your school. We are particularly interested in the applicant's strengths and weaknesses-non-academic as well as academic achievements and special contributions to the academic community and the community at large.

This recommendation is a required element of the application and students must submit their packages by June 17, 2016 so please give immediate and serious attention to this request. Attach your appraisal letter to this form and return it to the applicant or, if you prefer, return to applicant in a sealed envelope.



PARALYZED VETERANS OF AMERICA

Letter of Recommendation

Paralyzed Veterans
of America

Personal Reference

Applicant Name:

Name: _____

The above-named student is an applicant for the Paralyzed Veterans of America Educational Scholarship Program. To complete this application, we need a carefully-considered written assessment of his/her character and ability. We are particularly interested in the applicant's strengths, weaknesses, achievements, and any special contributions to the community at large.

This recommendation is a required element of the application and students must submit their packages by June 17, 2016 so please give immediate and serious attention to this request. Attach your appraisal letter to this form and return it to the applicant or, if you prefer, return to applicant in a sealed envelope.