

For Administrative use only: Award _____ Amount _____



Combat Veterans International Scholarship Fund

Postmark Deadline: Mar 31, 2017

SCHOLARSHIP APPLICATION

Mail completed applications to:
Combat Veterans International
Attn: Scholarship Fund
P.O. Box 28716
Bellingham, WA 98228-0716

ALL INFORMATION WILL BE KEPT *STRICTLY CONFIDENTIAL*

Personal Information

Last Name _____ First Name _____ Middle Initial _____
Social Security Number _____ E-mail address _____
Street Address _____
City _____ State _____ Zip Code (+4) _____
Home phone () _____ Message phone() _____
Prospective Major or Coursework area _____ Career Goal(s) _____
Name of School Currently Attending _____ Location of School (City) _____
Date of Birth _____ Place of Birth _____ Gender (optional) Female Male

College You are Planning on Attending:

If you are awarded a scholarship we will contact you for an address and a student number to deliver your scholarship check.

Family Information

Mother's Name _____ Place of Birth _____
Current Occupation _____ # of Years _____
Military Service (verification required) _____ Dates of Military Service _____
Father's Name _____ Place of Birth _____
Current Occupation _____ # of Years _____
Military Service (verification required) _____ Dates of Military Service _____
Parents' Marital Status Single Married Divorced Separated Widowed

Please indicate highest level of formal education completed by mother (M) and father (F):

M F No High School M F Some High School M F High School Graduate
 M F Some College M F 2-Year Degree M F 4-Year Degree M F Post-Graduate Study

Number and Age of Siblings: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

Last Name: _____ Social Security Number: _____

How did you learn about Combat Veterans International Scholarships?

- | | |
|--|---|
| <input type="checkbox"/> Flyer/brochure | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Postcard | <input type="checkbox"/> Email |
| <input type="checkbox"/> College fair and/or college counselor | <input type="checkbox"/> Admissions Office |
| <input type="checkbox"/> Web browsing | <input type="checkbox"/> Financial Aid Office |
| <input type="checkbox"/> Other: _____ | |

EXTRACURRICULAR ACTIVITIES AND EMPLOYMENT: the purpose of this section is to determine the use of your non-classroom time *while attending high school*. Please list any other factors that bear on the use of that time including (but not limited to) employment, family obligations, rehearsals, and any special projects (i.e., research activities or creative endeavors). You **must** indicate the amount of time spent weekly on each activity.

Extracurricular Activities – Please add additional pages as needed.

Activity	Description (Note any leadership positions.)	Hours per Week	Dates Involved	
			From	To

Employment (paid) – Please add additional pages as needed.

Job Title	Description	Hours per Week	Dates Involved	
			From	To

Volunteer Work and Community Service (unpaid) – Please add additional pages as needed.

Organization	Description of Service or Work	Hours per Week	Dates Involved	
			From	To

Honors and Awards – Please add additional pages as needed.

Honor/Award Name	Description (Include nature and level of competition)	Received Date

Student’s Obligations – Please add additional pages as needed.

Family Responsibilities: If you have extraordinary family obligations, please list them below.

Obligation	Description	Hours per week

Essay Instructions

You will be assessed on your ability to answer the following questions. Please be thoughtful and answer the questions directly. Please attach your responses to three essay questions. Each answer should not exceed 500 words.

Mandatory Question: Describe the three characteristics of leadership you value most, whether you believe you possess some or all these qualities, and describe an experience where you developed and/or demonstrated these traits.

Please respond to two out of the following three questions and check which questions you are answering:

- ___ 1. Reflecting on your personal experiences and/or circumstances, tell us something about yourself not already or sufficiently communicated in your application that distinguishes you as a potential scholarship candidate
- ___ 2. If you could have lunch with any famous person, either living or dead, who would you choose and why? Describe your conversation at lunch.
- ___ 3. What do you believe are the three most challenging issues facing high school students today and what solutions would you offer to solve these issues?

Income Verification

- Please include a copy of the Combined Federal Financial Aid form for income verification.

Military Service Verification

- Please include a copy of your parent’s form DD-214 to verify military service.

Residence Verification

- Please include a copy of your parent’s proof of residence in Whatcom, Skagit, Island, or San Juan counties.

Certification

IMPORTANT: Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate, and that all statements and essays are my own work. The Combat Veterans International Scholarship Award may be denied or revoked if any information is found to be incomplete or inaccurate. Should I receive an award, I give permission to the Combat Veterans International Scholarship Fund to utilize my name and award amount in any publicity or marketing materials.

SIGNATURE OF APPLICANT (IN INK)

DATE OF APPLICATION

Notice: Incomplete applications will be rejected without further action by the scholarship board. Please make sure that you have included all required items prior to submitting this application.

Do not write in this box.

Combat Veterans International, in compliance with Title VI of the Civil Rights Act of 1964, Title IV of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, does not discriminate on the basis of race, color, national origin, sex, handicap, or age in any of its policies, procedures or practices

Last Name: _____

Social Security Number: _____