

**VIETNAM VETERANS OF AMERICA**  
**CHAPTER 10**

**SCHOLARSHIP NOTICE**

To: Greater Cincinnati High School Guidance Counselors  
Greater Cincinnati College Financial Aid Officers

From: Vietnam Veterans of America Chapter 10 Scholarship Committee

Vietnam Veterans of America Chapter 10 is accepting applications for its annual scholarship program available to students from the Greater Cincinnati area who are pursuing their education beyond high school. These scholarships are available to veterans and their immediate family members/dependents. More complete guidelines are listed on the enclosed attachments. Applicants may be high school seniors or students already enrolled in college, technical or vocational school. Please make this information available to your students. **VVA Chapter 10 does not discriminate on the basis of color, race, creed, religion, national origin, disabilities, age, sex or marital status in considering or choosing scholarship recipients.**

Also enclosed is an academic information request. **Please make your own additional copies from this form as needed. Additional copies can also be found on our website [www.vva10.org](http://www.vva10.org) (after January 1, 2017).** All completed applications and academic information must be received by April 10, 2017.

On a separate sheet, in 750 words or less (typed or printed) tell us about yourself, your goals, interests and any other comments you would like us to consider. Please include at least one paragraph discussing the importance of service to our country. Sign and date your essay.

**Three letters of recommendation from individuals other than relatives are required.** These can be mailed separately to the VVA Chapter 10 address or included with your application.

If you have any questions, please contact:

VVA Chapter 10  
ATTN: Scholarship Committee  
8418 Reading Road  
Cincinnati, OH 45215  
or  
e-mail: [vva10@aol.com](mailto:vva10@aol.com)  
or  
phone: 513-761-8007

**VIETNAM VETERANS OF AMERICA**  
**CHAPTER 10**  
**SCHOLARSHIP GUIDELINES**

**PURPOSE:**

The purpose is to provide funding to eligible students from the Greater Cincinnati area for an accredited university, college, technical or vocational education beyond high school.

**COMMITTEE:**

The Chapter 10 Scholarship Committee will evaluate applications and make recommendations to the Chapter 10 Board. The Board will make the final decision for recipients.

**SCHOLARSHIP FUNDS:**

Available funds may be disbursed up to a per person maximum as follows for one (1) school year:

Full-time: \$800.00                      Part-time (3/4): \$600.00                      Part-time (1/2): \$400.00

All payments will be made by check made out to recipient **and** the college. The initial installment will be made upon the college's verification of enrollment. Subsequent installments will be made upon verification of continued enrollment and satisfactory progress per requirements below. It will be the student's responsibility to ensure that enrollment documentation is sent to VVA Chapter 10.

**STUDENT REQUIREMENTS:**

1. Students selected must maintain a 2.0 or greater GPA (2.5 if on a 5.0 system).
2. Full-time students must carry the equivalent of at least 12 credit hours. Dropping of classes may result in termination of funding or change in funding classification.
3. 3/4 time students must carry the equivalent of at least 9 credit hours.
4. 1/2-time students must carry the equivalent of at least 6 credit hours.

**ELIGIBILITY:**

Veterans and their dependents who are U.S. citizens are eligible to apply. "Veteran" means a person who served in the armed forces of the United States on active military duty, was discharged from the service under **honorable conditions** and either served on active duty for reasons other than training or, while serving on active duty for training, incurred a disability recognized by the Department of Veterans Affairs or Department of Defense as service-connected.

Veteran status must be confirmed by the following:

- Honorable Discharge - Discharge Under Honorable Conditions
- General Discharge - General Discharge Under Honorable Conditions

Dependents of a Veteran for the purpose of this application are classified as follows:

- A child or grandchild (including step, adopted or legal custody) in or out of the home up to age 27
- Spouse of Veteran in current marital status

**SELECTION CRITERIA:**

Selection from among eligible candidates will be based on the following criteria:

- Academic Achievement
- Financial Need
- School Activities
- Community Service

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**SCHOLARSHIP APPLICATION**

The information requested on this form will help the Scholarship Committee determine your qualifications for this scholarship. Please give complete, accurate answers to all questions. **Incomplete applications will not be considered. Applications must be received no later than April 10, 2017.** Send all required documents to: **VVA Chapter 10, ATTN: Scholarship Committee, 8418 Reading Road, Cincinnati, OH 45215.** Any questions can be directed to the Scholarship Committee via e-mail [vva10@aol.com](mailto:vva10@aol.com), phone 513-761-8007 or fax 513-761-2858.

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Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

High School attending or from which you graduated \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_ Graduation Date \_\_\_\_\_

College applied to / attending \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Curriculum Major (if known) \_\_\_\_\_

List all high school / college activities in which you have participated (attach additional sheet if necessary):

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List all community / veteran group organizations / activities in which you have participated:

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List special honors / awards you have received while in high school / college:

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List part-time/full-time jobs you have held within the past three years:

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Do you plan to work while in school? If so, where and how many hours per week (if known):

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If you are single, please complete the following:

Do you live with a parent? \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Number of dependents of your parents: \_\_\_\_\_

Number of above dependents attending college \_\_\_\_\_

Parents annual gross income \_\_\_\_\_

Your annual gross expected income \_\_\_\_\_

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If you are married, please complete the following:

Number of dependents (spouse, children) : \_\_\_\_\_

Gross family income (you and spouse) : \_\_\_\_\_

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Veteran Information:

Name of Veteran \_\_\_\_\_ **(copy of DD214 must be attached)**

Relationship to Applicant \_\_\_\_\_

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the Scholarship Committee and Board.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (If student under 18 years of age) \_\_\_\_\_

**HIGH SCHOOL / COLLEGE ACADEMIC INFORMATION REQUEST**

The purpose of this request is to obtain information about the academic performance of the applicant. It will be used by the sponsoring scholarship committee to evaluate the applicant's academic achievement. **Applicant must authorize release of transcript data.** Failure to do so may result in delay, improper processing or disqualification of the applicant from participating in the VVA Chapter 10 Scholarship Program. **Applicant shall be responsible for assuring that the school has forwarded the necessary information.**

The following named high school/college has my permission to release my official transcript and other information requested below.

\_\_\_\_\_  
(Name of high school or college)

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**INSTRUCTIONS TO HIGH SCHOOL OR COLLEGE ADVISOR / COUNSELOR**

High School/College advisor / counselor is requested to complete this form in support of applicant's candidacy for a Vietnam Veterans of America Chapter 10 scholarship. Please complete the information below, attach copy of the student's official transcript, including grades achieved, and send to VVA Chapter 10, ATTN: Scholarship Committee, 8418 Reading Road, Cincinnati, OH 45215. **ALL information must be received by April 10, 2017.**

Name & Title of Academic Advisor/Counselor/Official providing information:

\_\_\_\_\_

Name of School: \_\_\_\_\_ H.S. \_\_\_\_\_ College \_\_\_\_\_ (check one)

Location of School (city / state): \_\_\_\_\_

**For both high school and college student applicants:**

Cumulative GPA: \_\_\_\_\_

**For high school applicants:**

College entrance test scores: CEEB \_\_\_\_\_ SAT \_\_\_\_\_ ACT \_\_\_\_\_

CEEB/SAT Verbal score \_\_\_\_\_ CEEB/SAT Math score \_\_\_\_\_ Test date \_\_\_\_\_

ACT composite score \_\_\_\_\_ Test date \_\_\_\_\_

High school class size (if applicable) \_\_\_\_\_ High school class rank (if applicable) \_\_\_\_\_

P C Signature \_\_\_\_\_

**Must Also Provide: Hand Written Signature** \_\_\_\_\_