



DISABLED AMERICAN VETERANS DEPARTMENT OF NEW JERSEY

171 Jersey St. Bldg.5 2nd Floor, Trenton, NJ 08611
Phone: 609-396-2885 Fax: 609-396-9562 web: davnj.org

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SUPERINTENDENT OF SCHOOLS
UNION COUNTY

2017 SCHOLARSHIP COMMITTEE

TO WHOM IT MAY CONCERN:

The New Jersey Disabled American Veterans will be awarding (3) three \$1,000.00 Scholarships to graduating High School Seniors for post High School Education (College, Community College, Trade School, etc)

The Scholarship Committee has established the following criteria for eligibility:

- (1) Applicant must be a New Jersey resident.
- (2) Applicant must be a natural or adopted descendant of a member of the Disabled American Veterans, Dept. of NJ (Sons, Daughters, Grandsons Granddaughters, Nieces, Nephews, Cousins).
- (3) Applicant must be a Graduating High School Senior.
- (4) Applicant must submit in his or her own words an Essay of no more than 500 words on: **“WHAT DO YOU CONSIDER THE MOST CRITICAL ISSUE FACING OUR COUNTRY TODAY.”**
- (5) Applications and Essays must be typed or printed legibly in its entirety.
- (6) Applicant may submit only ONE Application.
- (7) Applicant must sign and date authentication. Parent or Guardian signature is also required if applicant is under the age of 18.
- (8) All Applications must be received no later than **MAY 21, 2017**. Applications & Essays may be faxed to the office at 609-396-9562.
- (9) Applicant must provide proof of relationship and that the veteran is a member of the Disabled American Veterans.

The Committee will select three (3) winners of these Scholarships from all eligible applications. The winners will be notified by certified mail in a letter with accompanying check. If there are any questions please contact our office.



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SCHOLARSHIP APPLICATION

DEADLINE: MAY 21, 2017 BY 3:00 P.M.
**(Applications, Essays, DAV Member Status may be faxed to
609-396-9562)**

NAME (Last) (First) (M.I.) Male Female

COMPLETE ADDRESS & ZIP CODE

PHONE NUMBER STUDENT SOCIAL SECURITY #

HIGH SCHOOL NAME PHONE NUMBER

HIGH SCHOOL ADDRESS COUNTY

SCHOOL YOU WILL BE ATTENDING ACCEPTED: YES / NO

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE (under 18) DATE

**(All Applications & Essays become the property of this organization. Make
photo copies of this application & Rules for distribution to High Schools)**