

KEEPING OUR PROMISE TO  
AMERICA'S VETERANS

## 2024 Scholarship Committee

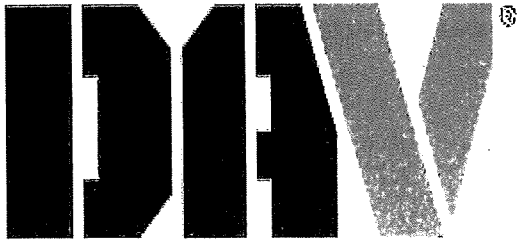
TO WHOM IT MAY CONCERN:

The New Jersey Disabled American Veterans will be awarding (3) three \$1,500.00 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. Applicate must be a **natural or adopted descendant of a member of the Disabled American Veterans, Dept. of NJ (sons, daughter, 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 is your goal in life: how do you plan to accomplish it, and what impact will it have on the world?”**
5. Application and essay 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 by mail **no later than 3:00 PM – March 27, 2024.**
9. Applicant must provide **proof of relationship and that the veteran is a member of the Disabled American Veterans.**
10. Copy of letter of acceptance for admission to the college that you have applied to.

The Committee will select (3) three winners from all eligible applications. The winners will be invited to attend our State Convention to present their essay and receive their check. If there are any questions, please contact our office.



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**SCHOLARSHIP APPLICATION**

**DEADLINE: March 27, 2024 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:**

\_\_\_\_\_

**TELEPHONE NUMBER:**

**STUDENT SOCIAL SECURITY #**

\_\_\_\_\_

**HIGH SCHOOL NAME:**

**TELEPHONE NUMBER:**

\_\_\_\_\_

**HIGH SCHOOL ADDRESS:**

**COUNTY:**

\_\_\_\_\_

**SCHOOL YOU WILL BE ATTENDING:**

**ACCEPTED: YES/NO**

\_\_\_\_\_

**APPLICANTS SIGNATURE:**

**DATE:**

\_\_\_\_\_

**PARRENT/GUARDIAN SIGNATURE (UNDER 18):**

\_\_\_\_\_

**(ALL applications & essays become the property of this organization. Please make copies of this application & Rules for distribution to High Schools.)**