

Through the gifts of anonymous donors, the Veterans Education Fund was established to offer multiple scholarships. The contributors are devoted to the success of veterans nationally and at Arizona State University. Awards will be based a student's financial need, level of effort, and the potential to complete his or her program of study. Awards are good for only one semester, but awardees may reapply each semester.

**Scholarship awards:** A maximum of \$1,000 per student.

**Number of awards:** A minimum of three scholarships will be awarded per semester.

Scholarships will only be awarded for the fall and spring

semesters.

#### **Eligibility requirements:**

- Provide a valid DD-214/DD-215 (Member-4 copy) as proof of veteran status with an honorable discharge, or a letter from your commander confirming active/reserve/guard status in good standing.
- Be a continuing ASU student, with at least one completed fall or spring term prior to the term of application.
- Turn in a completed application by the deadline with <u>all checklist items</u>. Late or incomplete entries will <u>not</u> be accepted.

Applications will be accepted beginning Thursday, Nov. 5, 2020, and must be submitted by email to VeteranVEFapps@asu.edu. In the subject line of your email, use only your last name followed by "VEF Application." Veteran services at each of the campuses can assist with creating scanned documents for this scholarship, if necessary.

Application Deadline: Thursday, December 31, 2020, 11:59 p.m.

Results will be announced by Friday, February 12, 2021.



## Spring 2021 APPLICATION FORM

Name:			ASU ID#:			
Last	First	M.I.				
Branch of Service:			Dates:			
Local Phone:			Cell Phone:			
Local Filone.			cen Fnone.			
	Or Campus Phone					
Local Address:						
	Street Address	Cit	у	State	Zip	
Permanent Phone:		Er	mail Address:			
Permanent Address:						
	Street Address	Cit	у	State	Zip	
ASU College/Depart	ment:		Major:			
Academic Level:	Sophomore Junio	r Senior	•			
Number of Credit Hours Planned:						
Anticipated Graduation Date for Current Degree (month/year):						



APPLICATION CHECKLIST				
PLEASE INCLUDE THESE ITEMS WITH YOUR APPLICATION: (APPLICATIONS MUST BE SUBMITTED SINGLE-SIDED, IN THIS ORDER)				
□ <u>Application</u>	Complete the application and consent forms included in this document.			
□ <u>DD-214/215</u>	Submit a copy of the Member-4 page. Only copies of the official document are acceptable. For active/reserve/guard members, submit a letter from your commander validating your status and good standing.			
☐ Financial Need	All applicants <u>must</u> file a Free Application for Federal Student Aid (FAFSA) and have the resulting "Student Aid Report" on file at the ASU Student Financial Assistance Office in order to qualify for need-based scholarships. Additionally, complete the attached Financial Need Worksheet.			
☐ <u>Personal Statement</u>	Up to one page, typed and double-spaced, explaining your needs and how this scholarship will help to meet those needs.			
□ <u>Goals Essay</u>	One page, typed and double-spaced. Provide an overview of your immediate goals and how you plan to leverage your education towards your future goals.			
□ <u>Letter of Recommendation</u>	Your recommender should have the same level of authority as one you would choose for a job reference. Have the individual writing the letter submit it <a href="mailto:separately">separately</a> to: <a href="mailto:VeteranVEFapps@asu.edu">VeteranVEFapps@asu.edu</a> . In the subject line, have your recommender include your last name only, followed by the word "recommendation." For example, John Smith's recommender would use the following subject line: "Smith Recommendation."			



#### \* \* ALL APPLICANTS \* \*

#### **CONSENT TO RELEASE RECORDS**

Among other rights afforded to me under Federal Legislation commonly known as "The 1974 Family Educational Rights and Privacy Act," as amended, I understand that I have the right to specify the name of each and every individual to whom my records are released.

I further understand that I may waive my right to specify the name of each scholarship donor or scholarship committee to whom my records are released as long as such records are used only in connection with the ASU Foundation Office of Scholarship Development and Administration. I hereby authorize the Office of Scholarship Development and Administration to gather and release all records maintained by the office concerning me. Such records may contain the following:

- a. Letter of recommendation bearing specifically on my application for scholarship.
- b. Other documents and information relating to my academic performance.
- c. Documents and information relating to my financial status.

I certify that the information throughout this application is accurate and that misrepresentation of any facts or details could result in ineligibility for any scholarships/awards.

Print Name		
Signature	Date	



#### Financial Need Worksheet

### Spring 2021 Semester Information

School Related Income (as applicable, over the entire semester) Financial Aid Grants Other Scholarships (or Tuition Assistance) GI Bill Benefits towards tuition and fees GI Bill Benefits toward books and supplies	Total:	\$\$ \$\$ \$\$ \$\$
School Related Expenses (as applicable, over the entire semester) Tuition and Fees Books and Supplies Other school related costs (Please list):	Total:	\$\$ \$\$
f on Post 9/11 GI-Bill, list percentage of eligibility:%  Monthly Personal Income/Ex	pense	<u>es</u>
Personal Income GI Bill Basic Allowance for Housing Job Income Other Income (Please list):	Total:	\$\$ \$\$ <b>\$</b>
Personal Expenses  Monthly Living Costs (rent, car, food, utilities, etc.)  Other Expenses (Please list):	Total:	\$\$ \$ <b>\$</b>
Additional Comments:		