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 on 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 be awarded in the fall semester, but can be applied in either the fall or spring semesters at the discretion of the student.

**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 a completed spring term for this year.
- Turn in a completed application by the deadline with all checklist items. Late or incomplete entries will not be accepted.

Applications will be accepted beginning Friday, September 3, 2021, 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:** Friday, October 15, 2021, 11:59 p.m.

**Results will be announced in November during Salute to Service week (November 7, 2021 — November 13, 2021).**
2021-2022 APPLICATION FORM

Name: ___________________________ ASU ID#: ___________________________

Last First M.I.

Branch of Service: ___________________________ Dates: ___________________________

Local Phone: ___________________________ Cell Phone: ___________________________

Or Campus Phone

Local Address:

Street Address City State Zip

Permanent Phone: ___________________________ Email Address: ___________________________

Permanent Address:

Street Address City State Zip

ASU College/Department: ___________________________ Major: ___________________________

□ Sophomore □ Junior □ Senior

Academic Level: ___________________________

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)

☐ **Application**

Complete the application and consent forms included in this document.

☐ **DD-214/215**

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 must 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.

☐ **Personal Statement**

Up to one page, typed and double-spaced, explaining your needs and how this scholarship will help to meet those needs.

☐ **Goals Essay**

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.

☐ **Letter of Recommendation**

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 separately to: VeteranVEFapps@asu.edu. 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

_____________________________________________________

4
Veterans Education Fund

Financial Need Worksheet

2021-2022 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

Financial Aid: $______________________
Grants: $______________________
Other Scholarships: $______________________
GI Bill Benefits towards tuition: $______________________
GI Bill Benefits toward books: $______________________
Total: $______________________

School Related Expenses (as applicable, over the entire semester)
- Tuition and Fees
- Books and Supplies
- Other school related costs

Tuition and Fees: $______________________
Books and Supplies: $______________________
Other school related costs (please list): __________________________
Total: $______________________

If on Post 9/11 GI-Bill, list percentage of eligibility: _____%

Monthly Personal Income/Expenses

Personal Income
- GI Bill Basic Allowance for Housing
- Job Income
- Other Income (please list)

GI Bill Basic Allowance for Housing: $______________________
Job Income: $______________________
Other Income: $______________________
Total: $______________________

Personal Expenses
- Monthly Living Costs (rent, car, food, utilities, etc.)
- Other Expenses (please list)

Monthly Living Costs: $______________________
Other Expenses: $______________________
Total: $______________________

Additional Comments:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________