

Veterans Education Fund



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 all checklist items. Late or incomplete entries will not be accepted.

Applications for the fall 2019 term will be accepted beginning Sept. 9, 2019, 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: Monday, Oct. 7, 2019, 11:59 p.m.

Results will be announced by Monday, Oct. 28, 2019.

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FALL 2019 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:** _____

Academic Level: Sophomore Junior Senior

Number of Credit Hours Planned: _____

Anticipated Graduation Date for Current Degree (month/year): _____

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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."

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**** 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

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Financial Need Worksheet

Fall 2019 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:	\$ _____

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): _____	\$ _____
Total:	\$ _____

Personal Expenses

Monthly Living Costs (rent, car, food, utilities, etc.)	\$ _____
Other Expenses (Please list): _____	\$ _____
Total:	\$ _____

Additional Comments:
