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 $1,500.00 per student.

**Number of awards:** A minimum of five scholarships will be awarded per semester. Scholarships will only be awarded for the fall and spring semesters.

**Eligibility requirements.** Applicants must:

- 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 spring 2018 term will be accepted beginning Monday, Jan. 8, 2018, 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, Feb. 12, 2018, 11:59 p.m.

Results will be announced by Friday, March 16, 2018.
SPRING 2018 APPLICATION FORM

Name:

___________________________________________

ASU ID#:

___________________________________________

Last   First   M.I.

Branch of Service: __________________________________

Dates: __________________________________

Local Phone: ____________________________

Or Campus Phone

Cell 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.”
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 2018 Semester Information**

**School Related Income** (as applicable, over the entire semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid</td>
<td>$___________</td>
</tr>
<tr>
<td>Grants</td>
<td>$___________</td>
</tr>
<tr>
<td>Other Scholarships (or Tuition Assistance)</td>
<td>$___________</td>
</tr>
<tr>
<td>GI Bill Benefits towards tuition and fees</td>
<td>$___________</td>
</tr>
<tr>
<td>GI Bill Benefits toward books and supplies</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Total:** $___________

**School Related Expenses** (as applicable, over the entire semester)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees</td>
<td>$____________</td>
</tr>
<tr>
<td>Books and Supplies</td>
<td>$____________</td>
</tr>
<tr>
<td>Other school related costs (Please list):</td>
<td>$____________</td>
</tr>
</tbody>
</table>

**Total:** $___________

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

**Monthly Personal Income/Expenses**

**Personal Income**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>GI Bill Basic Allowance for Housing</td>
<td>$___________</td>
</tr>
<tr>
<td>Job Income</td>
<td>$___________</td>
</tr>
<tr>
<td>Other Income (Please list):</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Total:** $___________

**Personal Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Living Costs (rent, car, food, utilities, etc.)</td>
<td>$___________</td>
</tr>
<tr>
<td>Other Expenses (Please list):</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Total:** $___________

**Additional Comments:**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________