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| <p>Required Attachments</p> <ul style="list-style-type: none"> • DD214 • High School Transcript • PSAT / SAT / ACT Scores |
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**VIETNAM VETERANS LEADERSHIP PROGRAM
OF
CENTRAL NEW YORK**

Post Office Box 1146
Syracuse, NY 13201-1146



SCHOLARSHIP APPLICATION

Name of Applicant _____
Last First MI

Street Address _____

City/Town _____ County _____ State _____ Zip _____

Date of Birth _____ Phone () _____

*Instructions: Please print or type responses. Use additional sheets as necessary.
Part VI (Essay) restricted to space provided.*

Name of parent or grandparent who served in Vietnam War _____

Address of person named above _____

Date of Wartime Service: From _____ To _____

Branches of Service _____

*PLEASE ATTACH A COPY OF PARENT/GRANDPARENT'S DISCHARGE (DD214)
This is a Mandatory Requirement for Processing Application.

PART II - SCHOLARSHIP:

NAME OF SCHOOL CURRENTLY ATTENDING _____

NAME AND PHONE NUMBER OF GUIDANCE COUNSELOR OR PRINCIPAL _____

CIRCLE YOUR APPROXIMATE OVERALL LETTER GRADE AVERAGE A B C D

HIGHSCHOOL GRADUATION DATE _____

ACADEMIC AWARDS OR HONORS _____

EXTRACURRICULAR ACTIVITIES (include sports, clubs, fraternities and sororities, etc. and offices held)

COLLEGE OR UNIVERSITY YOU WILL ATTEND THIS FALL _____

MAJOR COURSE OF STUDY PLANNED FOR COLLEGE _____

**Please attach copies of your highschool transcript and SAT/ACT scores.
THIS IS A MANDATORY REQUIREMENTS FOR PROCESSING OF APPLICATION.**

PART III - COMMUNITY SERVICE: Please include volunteer work, paid employment (summer and part-time), or any of your hobbies or interests that you think will have a bearing on this application.

PART IV - FINANCIAL INFORMATION:

APPROXIMATE TOTAL FAMILY INCOME FOR PREVIOUS CALENDAR YEAR _____

FATHER'S OCCUPATION _____

MOTHER'S OCCUPATION _____

LIST SIBLINGS IN HIGH SCHOOL OR COLLEGE _____

OTHER SCHOLARSHIPS, GRANTS, OR AWARDS YOU WILL BE RECEIVING WHILE IN COLLEGE

PART V - CERTIFICATION:

I certify that the preceding information is true and accurate to the best of my knowledge. I agree to abide by the rules established by the VVLP Scholarship Committee and am aware that all decisions rendered by the VVLP are final. I further consent to allow the VVLP the use of photographs (or other likeness), or statements for publicity purposes.

SIGNATURE OF APPLICANT _____ DATE _____

(If under age of 18, parent or guardian's signature)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

ALL INFORMATION ON THIS APPLICATION WILL REMAIN CONFIDENTIAL

