

## **VIETNAM VETERANS OF AMERICA CHAPTER 649**

### **2025 SCHOLARSHIP GUIDELINES**

#### **PURPOSE:**

The purpose is to provide funding to eligible students from Clermont County, Ohio for an accredited two or four-year college, university, or an accredited trade school.

#### **COMMITTEE:**

The Chapter 649 Scholarship Committee will screen applications and make final recommendations to the Chapter 649 Board of Directors. Recipients will then be chosen by vote of the Board. The decision of the Board will be final.

#### **SCHOLARSHIP FUNDS:**

Available funds may be disbursed up to a per person maximum as follows for one (1) school year:

Full-time student: \$1000.00

Payment will be made by check to recipient at the June 12, 2025, VVA 649 Membership Meeting.

#### **ELIGIBILITY:**

Veterans' dependents who are U.S. citizens are eligible to apply. "Veteran" means a person who served in the armed forces of the United States on active military duty, was discharged from the service with an honorable discharge and either served on active duty for reasons other than training or, while serving on active duty for training, incurred a disability recognized by the Department of Veterans Affairs or Department of Defense as service connected. Applicants must be high school seniors residing in Clermont County.

Veteran status must be confirmed by the following:

Honorable Discharge (as noted on veteran's DD-214)

Dependents for the purpose of this application are classified as a child, grandchild, or great grandchild in or out of the home. This includes stepchild, or legal adopted child.

#### **SELECTION CRITERIA:**

Selection from among eligible candidates will be based on the following criteria:

- 1) Community involvement
- 2) Character
- 3) Academic achievement

**VVA Chapter 649 does not discriminate based on color, race, creed, religion, national origin, disabilities, age, sex, or marital status in considering or choosing scholarship recipients.**

**VVA CHAPTER 649 SCHOLARSHIP APPLICATION - 2025**

Vietnam Veterans of America, Chapter 649 will be offering a scholarship for the upcoming school year. The scholarship will be awarded at the beginning of the school year. The information requested on this form will help the Scholarship Committee determine your qualifications for this scholarship. It is to your advantage to give complete and accurate answers to all questions. **Incomplete applications will not be considered. Applications must be postmarked no later than midnight, April 30, 2025.** Send all information to VVA Chapter 649, ATTN: Scholarship Committee, P.O. Box 426, Batavia, OH 45103. Any questions can be directed to the Scholarship Committee via e-mail or phone. E-mail is [vva649scholarship@gmail.com](mailto:vva649scholarship@gmail.com), phone number is 513-374 - 9954. We will acknowledge receipt of your application via email. Contact us if you do not receive confirmation by email within 10 days of sending your application.

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Name  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

High School attending \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Name of high school Academic Advisor/counselor \_\_\_\_\_

College applied to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Curriculum Major (if known) \_\_\_\_\_

Semester or quarter hours planned for coming year \_\_\_\_\_

Name of college Academic Advisor/counselor \_\_\_\_\_

List any VVA or other veteran group activities that you have participated in the last three years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List high school and community organization or activities in which you have participated in the last three years (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_

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APPLICANT'S NAME \_\_\_\_\_

List special honor/awards you have received in the past three years \_\_\_\_\_

\_\_\_\_\_

List part-time/full-time jobs you have held in the past three years \_\_\_\_\_

\_\_\_\_\_

Do you plan to work while in school? If so, where, and how many hours per week (if known)

\_\_\_\_\_

If you are married, please complete the following:

Name of spouse: \_\_\_\_\_

Occupation of spouse: \_\_\_\_\_

If spouse is student, indicate full or part-time: \_\_\_\_\_

Number of dependents (spouse, children) : \_\_\_\_\_

Gross family income (you and spouse) : \_\_\_\_\_

If you are single, please complete the following:

Do you live with a parent? \_\_\_\_\_

If yes, specify which one (or both): \_\_\_\_\_

Occupation of father: \_\_\_\_\_

Occupation of mother: \_\_\_\_\_

Number of dependents of your parents: \_\_\_\_\_

Number of said dependents attending college: \_\_\_\_\_

Gross family income (**parents**) : \_\_\_\_\_

**Your** expected income: \_\_\_\_\_

Source: \_\_\_\_\_

Veteran Information (parent, spouse, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Copy of Veteran's DD214 MUST be attached. If no DD214 is attached, this application will not be accepted.**

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship committee and board.

Applicant's signature \_\_\_\_\_

Parent signature (If student is under 18 years of age). \_\_\_\_\_

Date \_\_\_\_\_

### **Additional Information Required**

- 1. On a separate sheet, in 750 words or less (typed or printed) tell us about yourself, your goals, interests and any other comments you would like us to consider. Please include at least one paragraph discussing the importance of service to our country. Sign and date it.**
- 2. Three letters of recommendation from individuals other than relatives are required. These can be mailed separately to the VVA Chapter 649 address. ALL information must be postmarked by midnight April 30, 2025.**
- 3. A letter of acceptance by the accredited two- or four-year college, university or accredited trade school.**
- 4. Page 5 must be filled out by both student and teacher and must be accompanied by transcripts.**

**HIGH SCHOOL ACADEMIC INFORMATION REQUEST**

The purpose of this request is to obtain information about the academic performance of the applicant. It will be used by the sponsoring scholarship committee to evaluate the applicant's academic achievement. **Applicant must authorize release of transcript data.** Failure to do so may result in delay, improper processing, or disqualification of the applicant from participating in the VVA Chapter 649 Scholarship Program. **Applicant shall be responsible for assuring that the school has forwarded the necessary information.**

The following named high school has my permission to release my official transcript and other information requested below.

\_\_\_\_\_  
(Name of high school)

Date: \_\_\_\_\_  
Signature of Applicant

**INSTRUCTIONS TO HIGH SCHOOL**

High School is requested to complete this form in support of applicant's candidacy for a Vietnam Veterans of America Chapter 649 scholarship. Please complete the information below, attach copy of the student's official transcript, including grades achieved, and send to VVA Chapter 649, ATTN: Scholarship Committee, P.O. Box 426, Batavia, OH 45103. **ALL information must be postmarked by April 30, 2025.**

Name & Title of Academic Advisor/Counselor/Official Providing Information:

\_\_\_\_\_

Name of High School: \_\_\_\_\_

Location of School (city & state): \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

College entrance test scores: CEEB \_\_\_\_\_; SAT \_\_\_\_\_; ACT \_\_\_\_\_

CEEB/SAT Verbal score \_\_\_\_\_; CEEB/SAT Math score \_\_\_\_\_; Test date \_\_\_\_\_

ACT composite score \_\_\_\_\_; Test date \_\_\_\_\_

High school class size (if applicable) \_\_\_\_\_ High school class rank (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_