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 their program of study. Awards are good for one term only, but awardees may reapply each term.

**Scholarship awards:** A maximum of $2,000.00 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 as proof of veteran status with an honorable discharge, or letter from commander confirming active/reserve/guard status in good standing.
- Be enrolled in either an undergraduate or graduate program with a full time credit load, unless in their last semester.
- 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 2013 term will be accepted beginning August 23, 2013, and can only be submitted by email to VeteranVEFapps@asu.edu, or by fax at (480) 965-8198. In the subject line (or fax cover page), include your name followed by “Veterans Education Fund.”

**Application Deadline:** Monday, September 16, 2013, 5:00 p.m.
Veterans Education Fund

FALL 2013 APPLICATION FORM

Name: ___________________________ ASU ID#: ___________________________

Last First M.I. Dates: ___________________________

Branch of Service: ___________________________

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, Fall 2013: ☐ Sophomore ☐ Junior ☐ Senior

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**  
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**  
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 name, followed by Recommendation.
** Veterans Education Fund **

** ** 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 ___________________


## Fall 2013 Semester Information

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

<table>
<thead>
<tr>
<th>Source</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 towards books &amp; supplies</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</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>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

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

## Monthly Personal Income/Expenses

### Personal Income

<table>
<thead>
<tr>
<th>Source</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>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

### Personal Expenses

<table>
<thead>
<tr>
<th>Item</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>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

## Additional Comments:

_________________________________________

_________________________________________

_________________________________________