



**Paralyzed Veterans
of America**

PARALYZED VETERANS OF AMERICA

EDUCATIONAL SCHOLARSHIP PROGRAM

Introduction

One of Paralyzed Veterans of America's (PVA) primary goals is to assist our members and their families in improving the quality of their lives.

This goal is addressed through a variety of programs, including the Educational Scholarship Program. This program assists PVA members and their immediate family members by providing scholarship funds to help with a post-secondary education.

Eligibility

- Applicant must be a PVA member, the spouse of a PVA member, or an unmarried child (under 24 years of age) who is dependent (as defined by the IRS) on the member for principal support.
- Applicant must be a citizen of the United States.
- Applicant must be accepted and enrolled as a full-time or part-time student in an accredited US college or university.
- Previous award recipients may apply (**may only receive the award twice in a lifetime**).

Award Amounts

PVA will award scholarships in the amount of \$2,500 to full-time students and \$1,000 to part-time students. Scholarship funds are released solely in the name of the university. **Under no circumstances will payment be made to the student.**

Application Submission

All components of the application must be received by June 1, 2020. No late applications will be accepted. Incomplete applications will not be considered.

1. **Application** - Form 2020 -1 (pages 1 – 1.4)
2. **Personal Statement** - Submit a personal statement up to 750 words and include the following:
 - Why you want to further your education.
 - Your long- and short-term academic goals.
 - How the scholarship will help to attain your career objectives.
 - How PVA has impacted you and your family.

3. **Verification of Enrollment** - Confirmation of your enrollment, or other documentation, such as an acceptance letter issued by the college or university showing you have been accepted/enrolled in the 2020-2021 academic year.
4. **Academic Transcript** - A transcript must be submitted from the latest completed semester or quarter.
5. **Two letters of recommendation – These should be individuals who have first-hand knowledge of your academic and/or work experience.** These might include a School Official, teacher, commanding officer, employer, supervisor or other professional who can speak to your commitment. Letters of recommendation **may not** come from family members.

Review of Applications

The PVA Scholarship Review Committee will select award recipients based on: application completion, personal statement, academic records, letters of recommendation, and extracurricular and community activities.

Award Announcement

Upon receiving your application, you will receive an email acknowledgement of receipt. You will be notified by July 15th, 2020 of the awards. You will be notified whether you received an award or not. **Please do not call the office** before July 15th as staff will be unable to provide information on the awards.

Once notified of an award, all recipients must submit a Scholarship Confirmation Form (included with award letter) prior to funds being released. In addition, a picture would be appreciated for publicity purposes as outlined in the *Release Information* section of the application.

Point of Contact

All applications and questions should be directed to:
Christi Hillman
Paralyzed Veterans of America
Attn: Membership Dept.
801 18th Street, NW
Washington, DC 20006-3517
800-424-8200 ext. 776
christih@pva.org



**Paralyzed Veterans
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PARALYZED VETERANS OF AMERICA

Educational Scholarship

Program 2020 Application

Please type or print all information in blue or black ink.

To ensure your application is reviewed appropriately make sure it is complete, neat, and legible.

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____
Month Day Year

Applicant's Relationship to Member: _____

Previous PVA Scholarship Award Recipient? No _____ Yes _____ If yes, what year(s)? _____

PVA MEMBER INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____
Month Day Year

Member's PVA ID#: _____ Chapter: _____

CURRENT / FUTURE EDUCATION

List the school to which you have been accepted or are enrolled as a student. Use official school name, do not use abbreviations.

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Dates Attending: from _____ through _____

Enrollment Status:

Full-Time Student

Part-Time Student (less than 12 credits)

Student Status:

New Student

(First year or have not attended in the past five years)

Current Student

Graduate Level

Major or Course of Study: _____ **Expected Graduation Date:** _____

Degree Sought: Bachelor

Associate

Certificate

Other

PAST EDUCATION

List the secondary school from which you graduated, and higher education institutions you have attended.

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

School: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attended: _____ GPA: _____ School's Passing Grade: _____

EXPERIENCE

Extracurricular Activities (resumes accepted)

List school, sports or community extracurricular activities in which you have been involved.

Activity

Dates

Paid or Volunteer Activities

Describe work experience and volunteer activities.

Place

Activity

Dates

Honors and Awards

List all honors and awards you have received.

Honor/Award Name

Date

APPLICATION CHECKLIST

All of the following components must be postmarked no later than **June 1, 2020** (there will be no exceptions). Applications missing any of the following sections will not be considered.

- Application
- Personal Statement
- Academic Transcript(s)
- Letters of Recommendation
- Verification of Enrollment

RELEASE

Permission is hereby granted to school officials from the above listed schools to release scholastic records and other requested information for consideration in the PVA Educational Scholarship Program, with the exception of the following:

I certify that the preceding information is true and correct to the best of my knowledge. I understand that all decisions rendered by PVA and the Scholarship Review Committee on the award and administration of scholarships are final. If I am selected as a scholarship recipient, I authorize PVA to use photographs, statements, or general information contained in this application for publicity purposes except for the following items:

Student Signature: _____ Date: _____

Member Signature: _____ Date: _____
(if student is not a PVA Member)