



**Paralyzed Veterans
of America**

PARALYZED VETERANS OF AMERICA

EDUCATIONAL SCHOLARSHIP PROGRAM

Introduction

The Paralyzed Veterans of America (PVA) primary goal has been to assist its members and their families in improving the quality of their lives.

This goal has been addressed through a variety of activities, including the establishment of 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 either 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.

Award Amounts

PVA will award scholarships in the amount of \$1,000 to full-time students and \$500 to part-time students. Scholarship funds are released solely in the name of the university. I bXYf'bc' WfW a qfUbWg'k J''dUma YbhVY'a UXY'lc'H Y'gfi XYbh'

Application Submission

All components of the application must be postmarked by June 17, 2019. Late applications will not be accepted, no exceptions. In addition, any incomplete applications will not be considered.

1. **Application** - Form 2019 -1 (pages 1 – 1.4)
2. **Personal Statement** - The statement should explain why you wish to further your education; short and long-term academic goals; how this will meet your career objectives; and, how will it affect the PVA membership. Also describe how and when any unusual family or personal circumstances have affected your achievement in school, work or your participation in other activities.

3. **Verification of Enrollment** - This can be a copy of your class schedule, confirmation of your registration, or other documentation issued by the college or university showing you are enrolled in the 2019-2020 academic year.
4. **Academic Transcript** - An **official** transcript (one that bears the seal of the school or other certification of authenticity) must be submitted for **EACH** school listed in the Current/Future Education and Past Education sections - Form 2019-1.2. **This information is not required if you have not attended school in the past 5 years.**
5. **Two letters of recommendation** - Form 2019-2 - School Official, from your current or most recently attended school. ***This is not required if you have not attended school in the past 5 years.*** Form 2019-3 – Personal Reference, from someone other than an immediate family member. To properly identify your letters of recommendation, please have each author attach their letter to the appropriate form.

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

Initially, you will be sent an email acknowledging receipt of your application. You will be notified by the end of July of the Review Committee's decisions. **Please do not call the office**, as no information will be provided. Once notified of an award, all recipients must submit a Scholarship Confirmation Form 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.

Points 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 2019 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

Current Student

Graduate Level

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

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 all higher education institutions attended.

Academic transcripts must be submitted for each school listed below.

Note: Leave this section blank if you have not attended school in the past five years.

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

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 17, 2019** (there will be no exceptions). Applications missing any of the following sections will not be considered.

- Application
- Personal Statement
- Transcript(s) (if applicable)
- 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)



PARALYZED VETERANS OF AMERICA

Letter of Recommendation

Paralyzed Veterans
of America

School Official

Applicant Name:

Name: _____

Title: _____

School: _____

The above-named student is an applicant for the Paralyzed Veterans of America Educational Scholarship Program. To complete this application, we need a carefully-considered written assessment of his/her character, ability and performance as a student at your school. We are particularly interested in the applicant's strengths and weaknesses, non-academic as well as academic achievements and special contributions to the academic community and the community at large.

This recommendation is a required element of the application and students must submit their packages by June 17, 2019 so please give immediate and serious attention to this request. Attach your appraisal letter to this form and return it to the applicant or, if you prefer, return to applicant in a sealed envelope.



PARALYZED VETERANS OF AMERICA

Letter of Recommendation

Paralyzed Veterans
of America

Personal Reference

Applicant Name:

Name: _____

The above-named student is an applicant for the Paralyzed Veterans of America Educational Scholarship Program. To complete this application, we need a carefully-considered written assessment of his/her character and ability. We are particularly interested in the applicant's strengths, weaknesses, achievements, and any special contributions to the community at large.

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