



Scholarship Program

Purpose: To support the Veteran community and promote future leaders.

Awards: 3 @ \$2000 each.

Requirements:

1. Must be a relative of a Veteran (Honorably serving or discharged) – (son, daughter, niece, nephew, grandchild)
2. Student must be a graduating Sullivan County High School Senior
3. Student must be pursuing a degree at an accredited institution of higher education. (Junior College, Community College, Technical College, College or University).
4. Student should hold a 3.0 or better on a 4.0 scale or equivalent grade point average.
5. Student should demonstrate leadership skills among his or her peers.
6. Student should have community involvement

Submissions: (Please type & enclose/attach with your application)

1. Completed application. (Must be returned by April 1st)
2. Proof of current service or discharge papers from Veteran (relative)
3. Current school transcript
4. List school activities/clubs you are involved with. (Past and Present)
5. Describe all community activities you have been involved with. (FFA-Scouting-4-H-civic group or club-volunteer work-etc.)
6. Essays (2) (each a minimum 200 words)
 - a. Tell us about you, your goals, career path and why you chose your major.
 - b. Our Veterans fought for our freedoms. Write an essay "What does freedom mean to you"?
7. Letters of recommendation (2) – (teacher-counselor-community/organization)
8. Letter from relative Veteran (if living)

Disbursement of Funds: Students may use their scholarship at any accredited (Junior College, Community College, Technical College, College, or University). The award may be used for tuition, books, fees, and housing. The award will be paid post 1st semester with proof of 2nd semester enrollment. One award per applicant. This is a one-time award.



**SULLIVAN COUNTY
VETERANS COALITION**

Scholarship Program

Application

NAME: (first-last) _____

Mailing Address: _____

Phone #: (Cell) _____ **(Home)** _____

Email address: _____

Parents/Guardians: _____

Name of High School: (attending) _____

Name of Veteran: _____

Rank and Dates of Service: _____

Relationship to applicant: _____

Proof of Discharge: PLEASE ATTACH _____

Name and Address of attending College: _____

Major: _____

Please forward this application and your submissions to:

Sullivan County Veterans Scholarship Chairman, 5 Clifford Lane - Parksville NY 12768

Must be returned by April 1st, 2024