



## DISABLED AMERICAN VETERANS DEPARTMENT OF NEW JERSEY

171 JERSEY ST. BLDG. 5 TRENTON, NJ 08611

Phone: 609-396-2885 Fax: 609-396-9562 website: [www.davnj.org](http://www.davnj.org)

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### 2019 SCHOLARSHIP COMMITTEE

#### TO WHOM IT MAY CONCERN:

The New Jersey Disabled American Veterans will be awarding (3) three \$1,500.00 Scholarships to graduating High School Seniors for post High School Education (College, Community College, Trade School, etc.).

The Scholarship Committee has established the following criteria for eligibility:

1. Applicant must be a New Jersey resident.
2. Applicant must be a natural or adopted descendant of a member of the Disabled American Veterans, Dept. of NJ (sons, daughter, grandsons, granddaughters, nieces, nephews, cousins).
3. Applicant must be a Graduating High School Senior.
4. Applicant must submit, in his or her own words, an essay of no more than 500 words on: **“WHAT WOULD YOU DO TO END HOMELESSNESS IN OUR COUNTRY”**.
5. Application and essay must be typed or printed legibly in its entirety.
6. Applicant may submit only ONE application.
7. Applicant must sign and date authentication. Parent or guardian signature is also required if applicant is under the age of 18.
8. All applications must be received no later than, **3:00PM - MAY 17, 2019**. Applications and essays may be faxed to the office at 609-396-9562.
9. Applicant must provide proof of relationship and that the veteran is a member of the Disabled American Veterans.

The Committee will select (3) three winners of these Scholarships from all eligible applications. The winners will be notified by certified mail in a letter with accompanying check. If there are any questions please contact our office.



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## SCHOLARSHIP APPLICATION

**DEADLINE: MAY 17, 2019 BY 3:00 P.M.**

(Applications, Essays, DAV Member Status may be faxed to 609-396-9562)

**NAME:**      (Last)                      (First)                      (M.I.)                      Male                      Female

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**COMPLETE ADDRESS & ZIP CODE:**

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**TELEPHONE NUMBER :**

**STUDENT SOCIAL SECURITY #:**

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**HIGH SCHOOL NAME:**

**TELEPHONE NUMBER:**

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**HIGH SCHOOL ADDRESS:**

**COUNTY:**

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**SCHOOL YOU WILL BE ATTENDING:**

**ACCEPTED: YES / NO**

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**APPLICANTS SIGNATURE:**

**DATE:**

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**PARENT/GUARDIAN SIGNATURE (UNDER 18):**

**DATE:**

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(ALL applications & essays become the property of this organization. Please make copies of this application & Rules for distribution to High Schools.)