

2023 SCHOLARSHIP APPLICATION

The Cumming Chapter of the Vietnam Veterans of America will award \$2,500 scholarships to 6 deserving, college-bound Forsyth County Public or Private High School seniors.

To be eligible, high school candidates must be a US citizen and a relative of a U.S. Military Veteran.

Each candidate must complete the application form and a guidance counselor or principal must sign and attest to the student's grade point average, class rank and SAT or ACT scores.

The Chapter Scholarship Committee will base its selection on the following criteria:

- 1. Scholastic Excellence
- 2. School and Community involvement
- 3. Financial Need

In addition, each applicant must submit a minimum 500-word original essay answering the question why "Freedom isn't Free."

Potential scholarship recipients must be accepted as a full-time student at an accredited 2-or 4-year post-secondary institution to include technical schools and colleges.

Each scholarship will be presented in the name of Chapter 1030 of the Vietnam Veterans of America, and each will be awarded in honor of the memory of a Vietnam War Combatant who was killed in action or is missing in action.

Applications must be postmarked no later than April 15, 2023 and sent to:

Martin Farrell 2715 Saddlebrook Glen Dr. Cumming, GA 30041

If applications are unavailable at guidance office, contact the VVA at 770 500-7234 or you may download a copy at www.vva1030-cumming.com.

The VVA Scholarship Committee's selections will be final

PLEASE NO DOUBLE-SIDED COPIES OR STAPLES

APPLICANT NAME:	
TELEPHONE:	D.O.B:
EMAIL ADDRESS:	
PARENT/GUARDIAN NAME	TEL.NBR.
PARENT EMAIL ADDRESS:	
NAME OF MILITARY VETERAN RELATIVE: (FORM DD-214 WILL BE REQUIRED OF INDIVIDUA	
NAME OF HIGH SCHOOL:	
	CLASS RANKING
SAT/ACT SCORE	
SCHOOL ACTIVITIES:	
COMMUNITY ACTIVITIES:(You may attach supporting documents)	entation to explain school/community activities)
NAME OF COLLEGE/UNIVERSITATIEND:	
WHAT MAJOR DO YOU INTEND	TO PURSUE:
NAME OF GUIDANCE COUNSEL FOR THIS SCHOLARSHIP:	LOR/PRINCIPAL RECOMMENDING YOU
GUIDANCE COUNSELOR/PRINC	CIPAL SIGNATURE/DATE:
X	
STUDENT SIGNATURE/DATE:	
X **DEMEMBED TO INCLUDE ESS	SAV WITH ADDITION