

Attachment 1

VAUSA FALLEN HEROES SCHOLARSHIP APPLICATION

NAME: _____
 LAST FIRST MIDDLE

MAILING ADDRESS: _____

 CITY STATE ZIP CODE

PHONE NUMBER (S) : _____

EMAIL ADDRESS: _____

The following items must be submitted to VAUSA P.O. Box 2383 Springfield, VA 22152.
COMPLETED PACKETS ARE TO BE POSTMARKED NO LATER THAN 2 APRIL OF THE YEAR. Late applications will not be accepted.

- Application form
- Proof of citizenship
- A copy of an acceptance from an accredited undergraduate college or university.
- An official college or high school transcript. **Certified and signed.**
- Personal biography statement and resume includes, *at a minimum* community service activities, awards and recognitions.
- Letters of recommendation. One (1) from community service organization and two (2) from academic teachers or professors. **Must be original copy with signature.**
- Essay #1: " What does it mean to be Vietnamese American and how does that influence your perspective as being an American in this country"
- Essay #2: "Choose three VAUSA core values and provide specific examples how they apply to you as an individual and as a role model?"

By submitting this application, I consent to the following (please initials each box):

- I affirm that I have read and understanding all application requirements and responsibilities.
- I affirm that I meet all applications eligibility requirements.
- I consent to the use of my scholarship application and supporting document information for the purpose of scholarship recipient evaluation by VAUSA.
- If selected as an award recipient, I consent to the use of my name and image for use in media publications and interviews related to the VAUSA Fallen Heroes Scholarship.
- I understand that I will not receive an award check until I have submitted a copy of my class schedule and school registration. It will be my responsibility to ensure that VAUSA has my correct mailing address.
- I certify that all information contained in this scholarship application and supporting documents is true and accurate.

Applicant Signature: _____ **Date:** _____