



NATIONAL ASSOCIATION COUNTY VETERANS SERVICE OFFICERS

660 North Capital St., NW, Suite 400
Washington, DC 20001

SCHOLARSHIP APPLICATION

DATE OF APPLICATION: _____ **MEMBER NUMBER:** _____

FULL NAME(First MI Last): _____

TITLE: _____

EMPLOYER: _____

WORK ADDRESS: _____

WORK PHONE (_____) _____ FAX (_____) _____

EMAIL ADDRESS: _____

APPLICANTS STATEMENT OF NEED:

APPLICANT'S SIGNATURE: _____

SUPERVISOR'S INFORMATION: (NAME) _____

(PHONE & EMAIL) _____

SUPERVISOR'S SIGNATURE: _____

**APPLICATION MUST BE RECEIVED BY MARCH 1 AT THE BELOW EMAIL, FAX OR ADDRESS –
DECISION WILL BE ANNOUNCED BY APRIL 1.**

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ALLOW US TO RANK YOUR LEVEL OF NEED

HAVE YOU EVER APPLIED FOR A SCHOLARSHIP IN THE PAST? **YES OR NO**

IF SO, DID YOU RECEIVE THE SCHOLARSHIP? **YES OR NO**

IF YES, WHAT YEAR? _____

ARE YOU A CURRENT AND PAID MEMBER: **YES OR NO**

HOW IS YOUR POSITION FUNDED: COUNTY OR STATE OR OTHER
IF OTHER, PLEASE EXPLAIN:

DO YOU HAVE A TRAINING BUDGET OR OTHER FUNDING AVAILABLE?
YES OR NO

HOW MANY VETERANS DO YOU SERVE IN YOUR AREA?

ARE YOU THE ONLY INDIVIDUAL IN YOUR AREA SERVING VETERANS?
YES OR NO

ARE YOU A FULL OR PART-TIME EMPLOYEE: **FULL OR PART-TIME**

ESTIMATED TOTAL COST OF YOUR TRAVELS TO/FROM THE CONFERENCE?

WHAT EXPENSES WOULD YOU BE USING THIS SCHOLARSHIP FOR?

ADDITIONAL COMMENTS:

SEND TO: olaschober@nacvso.org
OR: Veterans Assistance Commission of Winnebago County
ATTN: Olivia Laschober
555 N. Court St.
Rockford, IL 61103
FAX: 815-516-2851

An email will be sent indicating your application was successfully received.