



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 ANOUNCED 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:

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Sent applications to:

Email: dgriffin@nacvso.org

U.S. Mail: Dan Griffin
Valley Veterans Service Center
ATTN: Dan Griffin
217 N. 3rd Street, Suite L.
Hamilton, MT 59840
FAX: (406) 393-1111

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