APPLICATION FOR STUDENT FINANCIAL AID FROM THE GRAND ARMY OF THE REPUBLIC LIVING MEMORIAL SCHOLARSHIP FUND

This application may be used for a grant not less than two hundred dollars ($200.00) but not to exceed five hundred dollars ($500.00).

The student must be:
1. A member of the incoming sophomore, junior or senior class in a college or university at the time the scholarship is given.
2. A lineal descendant of a Union Veteran of the Civil War.
3. Of satisfactory scholastic standing.
4. Of good moral character, having a firm belief in our form of government.

APPLICATION MUST BE SUBMITTED BY APRIL 30

Please circle:  Female   Male.

NAME: ______________________________________
First    Middle    Last
ADDRESS: ________________________________________________________________
Number    Street

EMAIL:_________________________________________TELEPHONE:_____________________

DATE OF BIRTH:________________________________
Month    Day    Year

As of Fall 20____ I will be a (__) Sophomore, (__) Junior, (__) Senior

Name of College/University _______________________________________________________

Major ________________________________________________________________

Graduation Date ________________ Projected Vocation ____________________________

Cumulative Grade Point Average __________

Mailing Check List: (This application must be accompanied by the following)

- Photocopy of ancestor’s record
- Photocopy of student’s most recent college transcript
- Two current personal letters of reference (school, church, employer, etc)
- A self addressed envelope, with sufficient postage, large enough to return data if so desired.

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Revised 2012
Fill in all applicable generations
I am the Daughter/Son of _______________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________
Who is the Daughter/Son of _____________________________________________________

________________________ Enlisted _______________Company ______ Regiment ________

________________________ and whose serviced ended __________________

State Unit ___________ Month ___________ Day ___________ Year

Make a brief statement to why application for financial assistance is being made:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
List other activities (school, work, community, etc):
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
I attest the above information is true and correct.

________________________ Date

________________________ Student’s Signature

RETURN COMPLETED APPLICATION AND ALL ATTACHMENTS TO GRAND ARMY OF THE REPUBLIC LIVING MEMORIAL SCHOLARSHIP CHAIRPERSON:
Sandra Millin, Chairperson
8004 Kingwood Road
Confluence, PA 15424-2329

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