



**Paralyzed Veterans  
of America**

# PARALYZED VETERANS OF AMERICA

## EDUCATIONAL SCHOLARSHIP PROGRAM

### Introduction

One of Paralyzed Veterans of America's (PVA) primary goals is to assist our members and their families in improving the quality of their lives.

This goal is addressed through a variety of programs, including the Educational Scholarship Program. This program assists PVA members and their immediate family members by providing scholarship funds to help with a post-secondary education.

### Eligibility

- Applicant must be a PVA member, the spouse of a PVA member, or an unmarried child (under 24 years of age) who is dependent (as defined by the IRS) on the member for principal support.
- Applicant must be a citizen of the United States.
- Applicant must be accepted and enrolled as a full-time or part-time student in an accredited US college or university.
- Previous award recipients may apply (**may only receive the award twice in a lifetime**).

### Award Amounts

PVA will award scholarships in the amount of \$2,500 to full-time students and \$1,000 to part-time students. Scholarship funds are released solely in the name of the university. **Under no circumstances will payment be made to the student.**

### Application Submission

All components of the application must be received by May 15, 2021. No late applications will be accepted. Incomplete applications will not be considered.

1. **Application** - Form 2021 -1 (pages 1 – 1.4)
2. **Personal Statement** - Submit a personal statement up to 750 words and include the following:
  - Why you want to further your education.
  - Your long- and short-term academic goals.
  - How the scholarship will help to attain your career objectives.
  - How PVA has impacted you and your family.

3. **Verification of Enrollment** - Confirmation of your enrollment, or other documentation, such as an acceptance letter issued by the college or university showing you have been accepted/enrolled in the 2021-2022 academic year.
4. **Academic Transcript** - A transcript must be submitted from the latest completed semester or quarter.
5. **Two letters of recommendation – These should be individuals who have first-hand knowledge of your academic and/or work experience.** These might include a School Official, teacher, commanding officer, employer, supervisor or other professional who can speak to your commitment. Letters of recommendation **may not** come from family members.

## **Review of Applications**

The PVA Scholarship Review Committee will select award recipients based on: application completion, personal statement, academic records, letters of recommendation, and extracurricular and community activities.

## **Award Announcement**

Upon receiving your application, you will receive an email acknowledgment of receipt. You will be notified by June 15<sup>th</sup>, 2021 of the awards. You will be notified whether you received an award or not. **Please do not call the office** before June 15<sup>th</sup> as staff will be unable to provide information on the awards.

Once notified of an award, all recipients must submit a Scholarship Confirmation Form (included with award letter) prior to funds being released. In addition, a picture would be appreciated for publicity purposes as outlined in the *Release Information* section of the application.

## **Point of Contact**

All applications and questions should be directed to:

Christi Hillman  
Paralyzed Veterans of America  
Attn: Membership Dept.  
801 18<sup>th</sup> Street, NW  
Washington, DC 20006-3517  
800-424-8200 ext. 776  
christih@pva.org



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# PARALYZED VETERANS OF AMERICA

## Educational Scholarship

### Program 2021 Application

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Please type or print all information in blue or black ink.

To ensure your application is reviewed appropriately make sure it is complete, neat, and legible.

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#### **APPLICANT INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Applicant's Relationship to Member: \_\_\_\_\_

Previous PVA Scholarship Award Recipient? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, what year(s)? \_\_\_\_\_

#### **PVA MEMBER INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month Day Year

Member's PVA ID#: \_\_\_\_\_ Chapter: \_\_\_\_\_

## CURRENT / FUTURE EDUCATION

List the school to which you have been accepted or are enrolled as a student. Use official school name, do not use abbreviations.

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Attending: from \_\_\_\_\_ through \_\_\_\_\_

### **Enrollment Status:**

Full-Time Student

Part-Time Student (less than 12 credits)

### **Student Status:**

New Student

*(First year or have not attended in the past five years)*

Current Student

Graduate Level

**Major or Course of Study:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**Degree Sought:**  Bachelor

Associate

Certificate

Other

## PAST EDUCATION

List the secondary school from which you graduated, and higher education institutions you have attended.

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ School's Passing Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ School's Passing Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ GPA: \_\_\_\_\_ School's Passing Grade: \_\_\_\_\_

## EXPERIENCE

### **Extracurricular Activities (resumes accepted)**

List school, sports or community extracurricular activities in which you have been involved.

**Activity**

**Dates**

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### **Paid or Volunteer Activities**

Describe work experience and volunteer activities.

**Place**

**Activity**

**Dates**

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### **Honors and Awards**

List all honors and awards you have received.

**Honor/Award Name**

**Date**

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## APPLICATION CHECKLIST

All of the following components must be postmarked no later than **May 15, 2021** (there will be no exceptions). Applications missing any of the following sections will not be considered.

- Application
- Personal Statement
- Academic Transcript(s)
- Letters of Recommendation
- Verification of Enrollment

## RELEASE

Permission is hereby granted to school officials from the above listed schools to release scholastic records and other requested information for consideration in the PVA Educational Scholarship Program, with the exception of the following:

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I certify that the preceding information is true and correct to the best of my knowledge. I understand that all decisions rendered by PVA and the Scholarship Review Committee on the award and administration of scholarships are final. If I am selected as a scholarship recipient, I authorize PVA to use photographs, statements, or general information contained in this application for publicity purposes except for the following items:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if student is not a PVA Member)*