



## DISABLED AMERICAN VETERANS DEPARTMENT OF NEW JERSEY

135 West Hanover Street, 4<sup>th</sup> Floor, Trenton, NJ 08618  
Phone: 609-396-2885 Fax: 609-396-9562 web: [davnj.org](http://davnj.org)

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### 2016 SCHOLARSHIP COMMITTEE

TO WHOM IT MAY CONCERN:

The New Jersey Disabled American Veterans will be awarding (3) three \$1,000.00 Scholarships to graduating High School Seniors for post High School Education (College, Community College, Trade School, etc)

The Scholarship Committee has established the following criteria for eligibility:

- (1) Applicant must be a New Jersey resident.
- (2) Applicant must be a natural or adopted descendant of a member of the Disabled American Veterans, Dept. of NJ (Sons, Daughters, Grandsons Granddaughters, Neices, Nephews, Cousins).
- (3) Applicant must be a Graduating High School Senior.
- (4) Applicant must submit in his or her own words an Essay of no more than 500 words on:  
**“WHAT WOULD YOU DO TO MAKE THIS COUNTRY MORE SECURED FROM ISIS?”**
- (5) Applications and Essays must be typed or printed legibly in its entirety.
- (6) Applicant may submit only ONE Application.
- (7) Applicant must sign and date authentication. Parent or Guardian signature is also required if applicant is under the age of 18.
- (8) All Applications must be received no later than **MAY 21, 2016**. Applications & Essays may be faxed to the office at 609-396-9562.
- (9) Applicant must provide proof of relationship and that the veteran is a member of the Disabled American Veterans.

The Committee will select three (3) winners of these Scholarships from all eligible applications. The winners will be notified prior to the awards being presented at the DAV State Convention. Winners should make every possible attempt to be at the presentation. If there are any questions please contact our office.



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**SCHOLARSHIP APPLICATION**

**DEADLINE: MAY 21, 2016 BY 3:00 P.M.**

**(Applications, Essays, DAV Member Status may be faxed to  
609-396-9562)**

**NAME (Last) (First) (M.I.) Male Female**

**COMPLETE ADDRESS & ZIP CODE**

**PHONE NUMBER**

**STUDENT SOCIAL SECURITY #**

**HIGH SCHOOL NAME**

**PHONE NUMBER**

**HIGH SCHOOL ADDRESS**

**COUNTY**

**SCHOOL YOU WILL BE ATTENDING ACCEPTED: YES / NO**

**APPLICANT SIGNATURE**

**DATE**

**PARENT/GUARDIAN SIGNATURE (under 18) DATE**

**( All Applications & Essays become the property of this organization. Make  
photo copies of this application & Rules for distribution to High Schools )**