



**Paralyzed Veterans  
of America**

# **PARALYZED VETERANS OF AMERICA LONE STAR CHAPTER EDUCATIONAL SCHOLARSHIP PROGRAM**

## **Introduction**

The Paralyzed Veterans of America Lone Star Chapter (LSPVA) primary goal has been to assist its members and their families in improving the quality of their lives.

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

## **Eligibility**

- Applicant must be either a LSPVA member or associate member, the spouse of a LSPVA member or associate member, an unmarried child (under 24 years of age) who is dependent (as defined by the IRS) on the member for principal support, or a ROTC candidate currently enrolled in an ROTC program at their school.
- 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.

## **Award Amounts**

LSPVA will award scholarships in the amount of \$3,000 to full-time students and \$500 to part-time students. Scholarship funds are released solely in the name of the university. Under no circumstances will payment be made to the students.

## **Application Submission**

All components of the application must be received by April 30, 2017. Late applications will not be accepted, no exceptions. In addition, any incomplete applications will not be considered.

***The components of the applications should be clipped, not stapled or bound.***

- 1. Application** - Form # 2015 -1 (pages – 1 – 1.4)
- 2. Personal Statement** - The statement should explain why you wish to further your education; short and long-term academic goals; how this will meet your career objectives; and, how will it affect the LSPVA membership. Also describe how and when any unusual family or personal circumstances have affected your achievement in school, work or your participation in other activities.

3. **Verification of Enrollment** - This can be a copy of your class schedule, confirmation of your registration, or other documentation issued by the college or university showing you are enrolled for the 2015 - 201 academic year.
4. **Academic Transcript** - An official transcript (one that bears the seal of the school or other certification of authenticity) must be submitted for **EACH** school listed in the 'Past Education' section. **This information is not required if you have not attended school in the past 5 years.**
5. **Two letters of recommendation** - Form # 2015 -2 - School Official, from your current or most recently attended school. ***This is not required if you have not attended school in the past 5 years.*** Form # 2015 -3 – Personal Reference, from someone other than an immediate family member. To properly identify your letters of recommendation, please have each author attach their letter to the appropriate form.

## **Review of Applications**

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

## **Award Announcement**

Initially, you will be sent an email acknowledging receipt of your application. You will be notified by the end of May of the Review Committee's decisions. Please do not call the office, as no information will be provided. Once notified of an award, all recipients must submit a Scholarship Confirmation Form 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.

## **Picture**

**Please submit current picture**

## **Points of Contact**

All applications and questions should be directed  
to: Jack Hasenyager  
Paralyzed Veterans of America  
Lone Star Chapter  
Attn: Scholarship Fund.  
3925 Forest Lane  
Garland, TX 75043  
800-583-5252 or 972-276-5252  
lspva@lspva.net



**PARALYZED VETERANS OF AMERICA  
LONE STAR CHAPTER  
Educational Scholarship Program  
2019 Application**

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Please type or print all information.

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

**LSPVA MEMBER INFORMATION**

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

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

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

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

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

Member's LSPVA ID#: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

**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                               Current Student                       Graduate Level  
*(First year or have not attended in the past five years)*

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

**Degree Sought:**  Bachelor                       Associate                       Certificate                       Other

**PAST EDUCATION**

Beginning with the present, list all secondary and post-secondary institutions and trade schools you have attended. (Note: Leave this section blank if you have not attended school in the past five years). Attach a separate sheet if more space is required. Academic transcripts must be submitted for each school.

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**

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 are **due no later than April 30, 2018** (there will be no exceptions). Applications missing any of the following sections will not be considered.

- Application
- Personal Statement
- Transcript(s) (if applicable)
- 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 LSPVA 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 LSPVA and the Scholarship Review Committee on the award and administration of scholarships are final. If I am selected as a scholarship recipient, I authorize LSPVA 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 LSPVA Member)*



# PARALYZED VETERANS OF AMERICA

## LONE STAR CHAPTER

### Letter of Recommendation

#### *School Official*

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**Applicant Name:**

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

The above-named student is an applicant for the Paralyzed Veterans of America Educational Scholarship Program. To complete this application, we need a carefully-considered written assessment of his/her character, ability and performance as a student at your school. We are particularly interested in the applicant's strengths and weaknesses, non-academic as well as academic achievements and special contributions to the academic community and the community at large.

This recommendation is a required element of the application and students must submit their packages by April 30, 2015 so please give immediate and serious attention to this request. Attach your appraisal letter to this form and return it to the applicant or, if you prefer, return to applicant in a sealed envelope.



# PARALYZED VETERANS OF AMERICA

## LONE STAR CHAPTER

### Letter of Recommendation

#### *Personal Reference*

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**Applicant Name:**

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Name: \_\_\_\_\_

**The above-named student is an applicant for the Paralyzed Veterans of America Lone Star Chapter Educational Scholarship Program.** To complete this application, we need a carefully-considered written assessment of his/her character and ability. We are particularly interested in the applicant's strengths, weaknesses, achievements, and any special contributions to the community at large.

This recommendation is a required element of the application and students must submit their packages by April 30, 2015 so please give immediate and serious attention to this request. Attach your appraisal letter to this form and return it to the applicant or, if you prefer, return to applicant in a sealed envelope.