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 $2,500 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, 2027. 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, <u>not stapled or bound.</u>

1. **Application**

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 this will 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 2027-2028 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 -** 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. 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
Paralyzed Veterans of America
Lone Star Chapter
Attn: Scholarship Fund.
3925 Forest Lane
Garland, TX 75043
972-276-5252
Info@Lspva.org

Paralyzed Veterans of America

Lone Star Chapter

PARALYZED VETERANS OF AMERICA LONE STAR CHAPTER
Educational Scholarship Program 2027-2028 Application

Please type or print all information.
To ensure your application is reviewed appropriately make sure it is complete, neat and legible.

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

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**

Paid or Volunteer Activities
Describe work experience and volunteer activities.

Place **Activity** **Dates**

Honors and Awards
List all honors and awards you have received.

Honor/Award Name **Date**

APPLICATION CHECKLIST

All of the following components are **due no later than April 30, 2027** (no exceptions).
Applications missing any of the following sections will not be considered.

- ☐ Application Form
- ☐ 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:

_____

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:

_____

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

Applicant Name:

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, 2027, 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

Applicant Name:

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, 2027, 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.