

# MILITARY ORDER OF THE PURPLE HEART

# NATIONAL STUDENT VOLUNTEER SCHOLARSHIP PROGRAM APPLICATION

April 15, 2018

## STUDENT VOLUNTEER MOPH SCHOLARSHIP GUIDELINES

- 1. The MOPH VAVS representative making the recommendation at the VA Medical Center (VAMC) or State Veterans Home (SVH) must ensure that the application is filled out completely and forwards application and supporting documentation to the MOPH National VAVS Director.
- 2. To be eligible in either category, the student must have completed 200-250 hours for the \$800.00 scholarship or 251+ hours for the \$1800.00 scholarship. A print-out of their hours from the VAMC or the VVH must be submitted with their application including descriptions of the area(s) of service in which they volunteered.
- 3. The student volunteer must be a senior in high school, or have recently completed their senior year and been accepted into a college or trade school. A minimum GPA of 2.6 is required; proof of college or trade school entrance must be included with the application.
- 4. The completed application must be postmarked by July 1 of each year. The completed application along with all supporting documents will be submitted to the National VAVS Director in triplicate.
- 5. A written essay of 450-550 words stating what have you gained volunteering at your local VAMC.
- 6. Applicant must be a U.S. Citizen with a Social Security Number.
- 7. Volunteer hours must be donated to the Military Order of Purple Heart.
- 8. Application may be typed: filled online or printed out.
- 9. Provide a rating of 1 (Unsatisfactory) to 5 (Outstanding) in the following categories on Page 3.
  - Dependability.
  - Fulfilling assigned tasks and acceptance of responsibility.
  - Personality and pleasantness to patients and staff.
  - Leadership capability.
  - Personal appearance.



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Name of Candidate:		
Address:	City:	
State:Zip:		
Nominated by: Patriot/VAVS Rep:		
<u>Tel#</u> :	_Membership Number:	
VAMC and/or SVH:		
Supporting Endorsement by VAMC/SCH staff: _		
Age: Years of Volunteer Service	:	
Total hours this period: Total	Volunteer hours:	
Has this applicant received this scholarship before?		
SCHOLASTIC ACTIVITY		
School currently attending:		
Current grade level:		
HONORS AND AWARDS		
Please list appropriate Honors and Awards on the back of this form and attach copies of documents that verify such honors/awards if available.		
<u>SUBN</u>	<u>IISSION</u>	
Forward application and supporting documentation in triplicate to:		
Nat'l VAVS 104 Shimn	g" Turner, PDC Director, MOPH ner Pond Court NL 35757-7751	

<u>Deadline</u>: Applications must be submitted, post marked by July 1 each year. Letters will be sent August 1<sup>st</sup> notifying students of their selection. Once notified, students have 30 days to provide documentation of enrollment from the school to be attended. Scholarship check will be



### TEACHER & VOLUNTARY SERVICE JOINT REVIEW

(1=Lowest grade; 5 =Highest grade)

Dependability Rating:	Rate 1 to 5:	
Fulfilling assigned task and acceptance of responsibility:		
	Rate 1 to 5:	
Personality and pleasantness to Veteran Patients and Staff:		
	Rate 1 to 5:	
Leadership Capability:	Rate 1 to 5:	
Personal Appearance:	Rate 1 to 5:	
Description of area(s) of service in which Volunteering:		

GPA: Must be 2.6 or better. Copy of school record or other verification must be submitted with application.

Applicant must have performed at least 200 hours of qualifying Volunteer service:

- 200-250 hours = \$800.00
- 200 hours and greater = \$1800.00
- VA/SVH hourly print-out must be submitted with this application.
- Applicant must have a letter of recommendation from Voluntary Service
- Chief or his representative for the scholarship.
- Applicant must have a letter of recommendation from the school district coordinator for VA or the student's teacher.
- A written essay of no fewer than 450 words and no more than 550 words stating what have you gained volunteering at your local VAMC.
- Does the applicant have a Purple Heart recipient in their immediate family? If YES\*\*\*, the relationship \_\_\_\_\_.
- Is the PH recipient in the Order? If Yes, Membership Number \_\_\_\_\_.

\*\*\*Proof with documentation is required.