🡆**Important: A person who has been awarded an 11th ACVVC Scholarship is not eligible to apply for a second scholarship.**

[1] **Applicant’s** Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[2] **Applicant’s** Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment/Unit # \_\_\_\_\_\_\_\_\_\_\_

#### City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[3] **Applicant’s Qualifying Status:** (*Check Only One*): 🞏 Child of Deceased 11ACR Trooper who served in Vietnam or Cambodia

🞏Child of a Current 11ACVVC Member 🞏 Trooper Who is a Current 11ACVVC Member

🡆 [4] **Applicant’s SPONSOR 11th Cav Veteran:**  Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[5] **Sponsor's 11th Cav** **Unit** in Vietnam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates in Vietnam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11th ACVVC Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_

🡆 [6] **Name and Address of College or Trade School That You Plan to Attend: Are you pursuing a graduate degree program?\_\_\_\_\_\_**

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Have You Made Application? 🞏 Yes. 🞏 No. Have You Been Accepted? 🞏 Yes. 🞏 No.

[7] **Standard Test Score For Your State:** ACT \_\_\_\_\_ SAT \_\_\_\_\_\_Other \_\_\_\_\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_

[8] **Estimated Expenses for the School Year:**  Tuition & Fees  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Room & Board  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

#### Books & Supplies  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Miscellaneous $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Total Exp. $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡆[9] **Schools and Colleges Attended:** *(10th Grade to Present)*

Name  City, State Dates From   / To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name  City, State Dates From   / To

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 🡆 [10] You must attach a copy of your grade transcripts from your last two years of education in High School or College.

#### 🡆 [11] On one typed sheet of paper with your NAME & EMAIL and your 11ACVVC Sponsor/Father's name at top of the page:

1. State the **Field of Study** That You Plan to Enter and **Why**.
2. Tell Us **Why** You Would Be a **Worthy** Recipient of the 11ACVVC Scholarship.
3. ***Note:*** *Concentrate on* ***why you*** *should be awarded an 11ACVVC* *Scholarship.  Focus on* ***your*** *qualifications and not your father's military experience. If applicable, also describe* ***your*** *participation in veterans' affairs or events, if any.*

I, the undersigned, give my permission for a copy of my High School **/** College Transcript to be submitted with this Scholarship Application.

I understand that the selection process may involve a committee composed of individuals that are in the community at large.

[13] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡅 *Signature of* ***Applicant*** *Printed Name                                                              Date*

[14] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🡅*Signature of* ***Sponsor*** *Veteran or Guardian    Printed Name                                                              Date*

🡆 [15] *Please Mail Your Completed Application with attachments for [10] and [11] above to the Scholarship Committee Chairman:*

##### **Michael "Doc" Rafferty**

#### 11ACVVC Scholarship Chairman

**5837 Habanero Drive**⏺**Las Cruces, NM 88012**

**Email: platoonmedic36@gmail.com**⏺P**hone 915-792-2804 or 575-915-2921**

🡆 ***QUESTIONS? Email is Doc Rafferty's PREFERRED method of communication.***

*Application Deadline is May 15th*