



# Grand Army of the Republic Living Memorial Scholarship Application Form

## Daughters of Union Veterans of the Civil War, 1865 - 1865

### APPLICATION FOR STUDENT FINANCIAL AID FROM THE GRAND ARMY OF THE REPUBLIC LIVING MEMORIAL SCHOLARSHIP FUND

This application may be used for a grant not less than two hundred dollars (\$200.00) but not to exceed five hundred dollars (\$500.00).

The student must be:

1. A member of the incoming sophomore, junior or senior class in a college or university at the time the scholarship is given.
2. A lineal descendant of a Union Veteran of the Civil War.
3. Of satisfactory scholastic standing.
4. Of good moral character, having a firm belief in our form of government.

### APPLICATION MUST BE SUBMITTED BY JUNE 1

Please circle:                      Female                      Male

NAME: \_\_\_\_\_

                    First                                      Middle                                      Last

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

As of Fall 20 \_\_\_\_\_ I will be a (\_\_\_) Sophomore, (\_\_\_) Junior, (\_\_\_) Senior

Name of College/University \_\_\_\_\_

Major \_\_\_\_\_

Graduation Date \_\_\_\_\_ Projected Vocation \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

Mailing Check List: (This application must be accompanied by the following)

- Photocopy of ancestor's record
- Photocopy of student's most recent college transcript
- Two current personal letters of reference (school, church, employer, etc)
- A self-addressed envelope, with sufficient postage, large enough to return data if so desired.

Fill in all applicable generations

I am the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

\_\_\_\_\_ Enlisted \_\_\_\_\_ Company \_\_\_\_\_ Regiment \_\_\_\_\_

Veteran's Name

Month Day Year

\_\_\_\_\_ and whose serviced ended \_\_\_\_\_

State Unit

Month Day Year

Make a brief statement to why application for financial assistance is being made:

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

List other activities (school, work, community, etc):

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

I attest the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**RETURN COMPLETED APPLICATION AND ALL ATTACHMENTS TO GRAND ARMY OF THE REPUBLIC LIVING MEMORIAL SCHOLARSHIP CHAIRPERSON:**

**Carol Comp, Chairperson**

**5633 NW 121st Circle**

**Oklahoma City, OK 73162**

For additional information contact the Chairperson at [carolcomp@gmail.com](mailto:carolcomp@gmail.com)