



MILITARY ORDER OF THE PURPLE HEART

NATIONAL STUDENT
VOLUNTEER SCHOLARSHIP
PROGRAM APPLICATION

June 1, 2017

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 150-174 hours for the \$500 scholarship or 175+ hours for the \$1,000 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 3.0 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 Freedom means to you.
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 10 (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: _____

Tel: _____ Email: _____ SSN: _____

Nominated by: Patriot/VAVS Rep: Tel#:

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.

SUBMISSION

Forward application and supporting documentation in triplicate to:

Del "Bulldog" Turner, PDC Nat'l VAVS Director, MOPH
104 Shimmer Pond Court
Madison, AL 35757 7751

Deadline: Applications must be submitted, post marked by July 1 each year. Letters will be sent August 1st 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 issued only when proof of enrollment is received.



TEACHER AND VOLUNTARY SERVICE JOINT REVIEW
[1=Lowest grade; 10=Highest grade]

Dependability Rating: 1-10:_____

Fulfilling assigned task and acceptance of responsibility:

Rate 1 to 10:_____

Personality and pleasantness to Veteran Patients and Staff:

Rate 1 to 10:_____

Leadership Capability: Rate 1 to 10:_____

Personal Appearance: Rate 1 to 10:_____

Description of area(s) of service in which Volunteering:

GPA: Must be 3.0 or better. Copy of school record or other verification must be submitted with application.

Applicant must have performed at least 150 hours of qualifying Volunteer service.

150-174 hours = \$500.00

175 hours and greater = \$1000.00

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 Freedom means to you.

*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.