

Scholarship Application Form for Disabled Service Members or their Family Members

	Date:
Servicemember: Highest Rank: Service Aff	iliation:
Applicant (if dependent of eligible servicemember):	
Address:	
Telephone: (work))(home)email:	
Are you currently enrolled at Old Dominion University? Yes No	
If not, have you applied for admission (degree or non-degree)? Yes N	0
Write and attach an essay of 400 words or less describing:	
How your course of study will enhance personal and career goals	
Any financial need that you may have	
Volunteer services that you may be involved in	
Attach a copy of member (sponsor) VA disability documentation.	

Applications must be received by May 15.