



Paralyzed Veterans of America North Central Chapter

“Darrell Jepson Memorial” Educational Scholarship Program Application

For Office Use Only

Date Received: _____

APPLICANT

Full Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Telephone () _____ Cell Phone: () _____ Email: _____

Members Name: _____ Relation to Member: _____

Chapter Name: _____ Member ID Number: _____

Previous PVA Scholarship Award Recipient? No _____ Yes _____ If yes, what year(s)? _____

CURRENT EDUCATION PLANS

List the school you have been accepted for or are enrolled as a full-time student. Attach verification of full time status (e.g. letter of acceptance, class schedule, confirmation of registration)

School: _____ Telephone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Dates Attending: From: _____ Through: _____

Major Course of Study: _____ Expected Graduation Date: _____

PAST EDUCATION

Beginning with the present, list all secondary and post-secondary institutions and trade schools you have attended. Attach a separate sheet if more space is needed.

School: _____ Dates Attended: _____ GPA: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Dates Attended: _____ GPA: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Dates Attended: _____ GPA: _____

Address: _____ City: _____ State: _____ Zip: _____

EXPERIENCE

List any honors or awards you have received:

- A. _____
- B. _____
- C. _____
- D. _____

List professional or work related experience (paid or volunteer):

- A. _____
- B. _____
- C. _____
- D. _____

List any extracurricular activities you have been involved in:

- A. _____
- B. _____
- C. _____
- D. _____

RELEASE

I certify that the preceding information is true and correct to the best of my knowledge. I understand that all decisions rendered by the North Central Chapter Paralyzed Veterans of America and the Scholarship Committee on the award and administration of scholarships are final. If I am selected as a scholarship recipient, I authorize North Central Chapter PVA to use photographs, statements, or general information contained in this application for publicity purposes.

Signature: _____ Date: _____

If student is not a PVA Member-Member's Signature: _____
Date: _____

**** Applications must be postmarked by July 1st. There will be no exceptions.**

Please Remit To:
PVA North Central Chapter
209 N. Garfield Ave.
Sioux Falls, SD 57104

(605) 336-0494 * (800) 505-4782 * Email: info@ncpva.org * www.ncpva.org