



Veteran or Service Member Application

The Bob Feller Act of Valor Scholarship Program
Building Future Leaders

Veteran or Service Member information

First name _____ Last name _____ Middle initial _____
Address _____ Email _____
Phone _____ Mobile phone _____

Academic Information

Name of college, university or vocational school you will be attending _____
Address of school you will be attending _____
Year of enrollment _____ Anticipated graduation year _____

Referrals

Submit copies of two letters of recommendation.
One each from a colleague, advisor or community leader.

Provide a copy of your DD Form 214 or 215. A DD Form 256 for Reservists and a NGB Form 22 for National Guard or Air National Guard will also be accepted.

Provide a copy of your current military ID.

Briefly explain your leadership or mentoring qualities through participation in extra-curricular or civic activities your community

Provide examples of community service, such as letters of appreciation, recommendations, or certificates.

Submit two letters of recommendation.

One each from an academic counselor, advisor, faculty member, coach, or community leader.

Financial Aid Package

Please provide a copy of your financial Aid Package for your attended school.

Mail application and all required documents to:

The Bob Feller Act of Valor Award Foundation, PO Box 110 Port Jefferson Station, NY 11776