

## NewDay USA Foundation Scholarship Application

To recognize the commitment and sacrifice that our Veterans and military families have made to our country, the NewDay USA Foundation has established a scholarship fund for candidates desiring to attend select military high schools. The purpose of this scholarship is to assist young men and women in their pursuit of academic success and character development, and to prepare them to become leaders. The NewDay USA Foundation Scholarship may provide up to \$15,000 of tuition assistance for students attending these schools. Families are expected to contribute as they are able to the tuition amount, supplementing the assistance provided by NewDay. Eligible students may apply for scholarships by completing this application and submitting it to the schools to which they have been accepted.

### Eligibility:

An applicant's parent or legal guardian must be:

- A fallen U.S. armed service member killed in the line of duty; or
- A U.S. Veteran with service-connected VA disability; or
- A member of the armed forces on extended or multiple deployments away from home

*Please note, an applicant's NewDay USA Foundation Scholarship application does not constitute, nor will it be considered, as an application to any school or academy. Independent of this scholarship application, applicants must apply to and be accepted by the school to which they are requesting tuition assistance.*

### Selection Criteria:

Priority is given to the children whose parents or guardians have made the ultimate sacrifice, have sustained severe and/or complete disability in combat, or endured significant disruption to family life due to the demands of military service. Applicants will be evaluated on all submitted materials including **essays, transcripts, and references**. *These items are key in evaluating the potential applicant and are required for application completion.* Financial circumstance of the applicant's family may also be considered.

### Required Submission Items:

The following items must be submitted for consideration:

#### **For ALL Applicants –**

- Two (2) character references in the form of letters of recommendation from individuals who are not family members of the applicant (ex. A teacher, coach, etc.)
  - *The only parties exempt from this requirement are applicants participating in kindergarten. 1<sup>st</sup> grade applicants are required to provide written reference from their kindergarten teacher.*
- Copies of the applicant's academic transcripts for the two previously completed semesters
  - *The only parties exempt from this requirement are applicants participating in kindergarten.*
- Copies of the parents' or guardians' last two (2) years' state tax returns
- The completion of the attached scholarship application prompts

**For Applicants of Veteran Families –**

- Copies of the parents' or guardians' DD214
- Copies of the parents' or guardians' awards letter from the Department of Veterans Affairs stating the service-connected disability rating

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

In which grade does the applicant plan to enroll:

- |  |   |
|--|---|
| <input type="checkbox"/> K               | <input type="checkbox"/> 6 <sup>th</sup>  |
| <input type="checkbox"/> 1 <sup>st</sup> | <input type="checkbox"/> 7 <sup>th</sup>  |
| <input type="checkbox"/> 2 <sup>nd</sup> | <input type="checkbox"/> 8 <sup>th</sup>  |
| <input type="checkbox"/> 3 <sup>rd</sup> | <input type="checkbox"/> 9 <sup>th</sup>  |
| <input type="checkbox"/> 4 <sup>th</sup> | <input type="checkbox"/> 10 <sup>th</sup> |
| <input type="checkbox"/> 5 <sup>th</sup> | <input type="checkbox"/> 11 <sup>th</sup> |
|  | <input type="checkbox"/> 12 <sup>th</sup> |

**Family Information:**

**Parent/Guardian 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Military Branch & Rank (If Applicable): \_\_\_\_\_

**Parent/Guardian 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Military Branch & Rank (If Applicable): \_\_\_\_\_

**Family Adjusted Gross Income:**

- Less than \$25,000       Between \$25,000 & \$50,000       Greater than \$50,000

Please select the following that apply (if applicable):

- The applicant is supported by a disabled Veteran parent/guardian  
 The applicant is a member of a Gold Star Family and has lost a parent/guardian in the line of duty

**Education Information:**

Please list the applicant's previous schools attended, beginning with the most recent.

**Name of School:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Graduated: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Graduated: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Name of School:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date Started: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Graduated: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Please list any academic, athletic, or other activities in which the applicant has participated.

**Activity:** \_\_\_\_\_

Grade(s) Participated: \_\_\_\_\_

Brief Description of Responsibilities / Role: \_\_\_\_\_

**Activity:** \_\_\_\_\_  
Grade(s) Participated: \_\_\_\_\_  
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**Activity:** \_\_\_\_\_  
Grade(s) Participated: \_\_\_\_\_  
Brief Description of Responsibilities / Role:

**Activity:** \_\_\_\_\_  
Grade(s) Participated: \_\_\_\_\_  
Brief Description of Responsibilities / Role:

Please answer the following questions and provide a brief explanation if required:

1. Has the applicant ever been suspended?       Yes       No

If "Yes", please provide the following:

Grade: \_\_\_\_\_

Reason:

2. Has the applicant ever been expelled?       Yes       No

If "Yes", please provide the following:

Grade: \_\_\_\_\_

Reason:

**Applicant's Personal Statements:**

Please provide the answer to the following questions in the space provided (*a separate document can be attached if necessary*).

1. Provide at least one example of how you, the applicant, have demonstrated leadership in any aspect of your life. (Approx. 300-400 words)

2. How would attending a military-associated school impact your life? (Approx. 200-300 words)

**Statements of Accuracy and Agreement:**

As the applicant’s parent or guardian, please initial and date beside the following statements:

Initial	Date	
_____	_____	The information provided in this application is true and accurate to the best of our knowledge.
_____	_____	The information contained in the application may be shared with the NewDay USA Foundation.
_____	_____	The applicant and/or the applicant’s parent(s) or guardian(s) agree to a personal interview, <i>if applicable</i> , with the NewDay USA Foundation Scholarship selection committee via phone.

Should you be in agreeance with all the statements listed above, please sign and date below:

_____	_____
Signature of Applicant	Signature of Parent or Guardian
_____	_____
Date	Date

**Privacy and Publicity Agreement:**

NewDay USA and the NewDay USA Foundation may use certain stories and/or images of NewDay Foundation Scholars in brochures, news articles, and other media designed to tell the Veteran family’s story. By signing below, you give NewDay USA and the NewDay USA Foundation permission to use the applicant’s information in this manner. If you have any objections, please use the space provided to state your objections. Objecting to this use will **not** negatively affect your application’s consideration.

_____	_____
Signature of Applicant	Signature of Parent or Guardian
_____	_____
Date	Date

Please list any objections here (*or attached on separate document if necessary*):