

Application Form
BLINDED VETERANS ASSOCIATION AUXILIARY
RENEE FELDMAN SCHOLARSHIP
2026 SPRING SEMESTER

General Instructions

1. Please read the instructions and questions on this application carefully before attempting to supply the information requested.
2. Please type, prepare on word processor, or print plainly in black ink the information requested on this form and in all supporting statements.
3. Whenever the space provided on the form is inadequate, please attach a separate sheet or sheets to present fully the information requested.
4. Applicant's name should be clearly printed on each page of this form, on each additional sheet and on all documents submitted.

DATE OF APPLICATION: _____

NAME: _____
First Middle Last

Date of birth: _____

HOME ADDRESS:

Street No. City State Zip

EMAIL ADDRESS: _____ PHONE: _____

STATE IN WHICH YOU CLAIM RESIDENCE: _____

PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR BLINDED VETERAN:

NAME: _____
First Middle Last

RELATIONSHIP: _____

ADDRESS: _____
Street No. City State Zip

PHONE: _____ EMAIL: _____

APPLICANT'S NAME:

HAVE YOU PREVIOUSLY RECEIVED a BVAA SCHOLARSHIP? _____

IF SO, WHEN AND AT WHAT INSTITUTION? _____

LIST ALL SECONDARY AND HIGHER EDUCATIONAL INSTITUTION YOU HAVE
ATTENDED: Name of the INSTITUTION/LOCATION DATES OF ATTENDANCE DEGREE
Received or expected

INSTITUTION FOR WHICH SCHOLARSHIP IS SOUGHT. (MUST BE AN
ACCREDITED INSTITUTION OF HIGHER EDUCATIONAL, BUSINESS,
SECRETARIAL, OR VOCATIONAL TRAINING SCHOOL).

NAME AND ADDRESS OF INSTITUTION:

STUDENT NUMBER (or last 4 SS#): _____

ARE YOU PRESENTLY ATTENDING? _____.

IF NOT, WHEN WERE YOU ACCEPTED FOR ADMISSION? _____.

WILL YOU BE FULL TIME? _____ WHEN WILL YOU
GRADUATE? _____

EMPLOYMENT EXPERIENCE (GIVE EMPLOYER, DATES OF EMPLOYMENT, AND
TYPE OF WORK OR PLACES YOU HAVE VOLUNTEERED:

1). _____

2). _____

3). _____

APPLICATIONS NAME:

SUBMIT THE FOLLOWING WITH YOUR APPLICATION OR SEPARATELY (IT IS YOUR RESPONSIBILITY TO ENSURE THAT REQUIRED ITEMS REACH THE SCHOLARSHIP COMMITTEE BY THE DEADLINE FOR SUBMITTING APPLICATIONS). YOU MAY SUBMIT OTHER EVIDENCE OF ACHIEVEMENT IN THE ACADEMIC AND/OR NON-ACADEMIC FIELDS, WHICH YOU BELIEVE QUALIFIES YOU FOR A SCHOLARSHIP AWARD. SUCH EVIDENCE MUST BE SUBSTANTIATED BY DOCUMENTATION, (i.e., copy of the award certificate/citation, etc.).

- 1). TRANSCRIPTS OF HIGH SCHOOL AND/OR POST-SECONDARY EDUCATION.
- 2). 300 WORD ESSAY REQUIRED. YOU MAY DESCRIBE YOUR POST EDUCATION, LIFETIME, AND CAREER GOALS; PLANS FOR AFTER COMPLETING YOUR EDUCATION; AND OUTLINE YOUR PLANS TO ACCOMPLISH THEM.
- 3). THREE LETTERS OF REFERENCE WITH AT LEAST ONE RELATED TO YOUR ACADEMIC ACHIEVEMENTS AND AT LEAST ONE PERSONAL REFERENCE (SOMEONE OTHER THAN FAMILY MEMBER and stating relationship). THIRD LETTER FROM YOUR CHOICE.

MAIL YOUR APPLICATION AND REQUIRED MATERIALS TO:

BVAA RENEE FELDMAN SCHOLARSHIP

Robert Murphy

245 Summit Ave

Manhattan, KS 66502

rjmurphyfamily@gmail.com

785-564-2526

THE RENEE FELDMAN SCHOLARSHIPS ARE AWARDED FOR ONE YEAR ONLY. APPLICANTS ARE ADVISED THAT THEY WILL NEED TO REAPPLY EACH YEAR.

YOUR APPLICATION AND ALL SUPPORTING MATERIALS MUST BE RECEIVED NO LATER THAN MAY 1, 2026.