



MAIL TO:
AMVETS Programs Dept.
4647 Forbes Blvd.
Lanham, MD 20706



AMVETS Scholarship Program in connection with Kaplan University

(\$200.00 per course – Valued at up to \$7,200 per award for (4) year Bachelor Degree Programs.)

(\$200.00 per course – Valued at up to \$3,600 per award for (2) year Associate Degree Programs.)

Kaplan University an educational institution, and AMVETS a veterans service organization, have teamed together to offer a scholarship program that will allow veterans and their families to have an opportunity to pursue or enhance their college education.

Veterans of the Army, Navy, Air Force, Marine Corps, Coast Guard, their respective reserve components, the Army National Guard and the Air National Guard and their immediate family members (including spouse, natural and adopted children) are eligible for the scholarship. Applicants must meet all of the eligibility requirements listed below and submit the completed application at the end of this document.

Applications Accepted on a Rolling Basis:

Decision on Scholarship award will be made no later than (90) days from date of receipt.

Questions:

Regarding the application, or application process, please contact AMVETS toll free at 877-726-8387 or (amvetsscholarships@amvets.org)

Regarding Kaplan University Admissions requirements or offerings, please contact a Kaplan University admissions advisor at 866-484-8520 or click (www.amvets.kaplan.edu)

Eligibility Requirements:

1. Must be a United States veteran or immediate family member as described above.
2. Must be a United States citizen.
3. Must demonstrate financial need to continue their education and are not receiving 100% tuition reimbursement.
 - a. Students who have graduated from one Kaplan University program (for example, a certificate or associate's degree program) and who subsequently enroll as students in a different program are eligible to receive the award.
4. Must notify Kaplan University as to which voucher/promotional award you intend to participate in should you qualify for more than one program. (Kaplan students are limited to participate in only one such program.)
5. Must agree to authorize AMVETS and Kaplan University to publicize your scholarship award, if you are selected.
6. Must not be employees or family members of AMVETS National Headquarters or of Kaplan University.
7. Must not be in default on a federal student loan.
8. Must not be convicted under state or federal law for sale or possession of illegal drugs.

Selection Process:

The recipient of this Scholarship will be selected by the AMVETS Scholarship Committee. It is the applicant's responsibility to submit a complete application and all the supporting documentation in one package which must be received no later than the deadlines referenced above. The decision of the Scholarship Committee is final and not subject to a review process. Scholarship selection shall be made without regard to race, color, national origin, gender or disability.

AMVETS - Kaplan University Scholarship

Selection Criteria:

Candidates for the scholarship must demonstrate and provide the following to be considered:

1. Demonstrate financial need to pursue or continue their education and are not receiving 100% tuition reimbursement.
2. Are not employees or family members of AMVETS National Headquarters or Kaplan University.
3. Submit a complete, signed application, together with all supporting documentation by the deadline dates. The application form does not create an obligation to award a scholarship to applicant.
4. Submit a complete and comprehensive essay on **one** of the following topics.
 - a. What Higher Education Means to Me.
 - b. My Long Term Career Goal Is...
 - c. America Needs to Support Veterans and the Active Duty Because...
5. To be considered the essay:
 - a. Must be a minimum of two full pages not to exceed a maximum of four pages. Essays not meeting the minimum or exceeding the maximum page numbers will not be considered.
 - b. Must be doubled spaced
 - c. Must be 12 point font
 - d. Must be on 8 x 11 paper
 - e. Must be paper-clipped together, please no staples
6. Required Application Supplemental/Check List:
 - a. The AMVETS- Kaplan University Scholarship Form complete and signed (below)
 - b. Essay (See instructions above.)
 - c. Copy of Veteran's DD214 including "Character of Service"
 - d. A complete and signed copy of applicants or parent(s)/guardian(s) 1040 tax form (for most recent year). Form will be used to verify financial need.
 - e. Resume
 - f. Letter of recommendation
 - g. Check which Degree Program you are making application for, Bachelor or Associate.

Notification of Acceptance of Award:

Recipients of the awards must notify Kaplan University and AMVETS of their decision to accept or reject the award within thirty (30) days of being notified that they have been selected and be enrolled no later than sixty (60) days from the date of acknowledging acceptance of the award.

Deadline to Begin Classes:

Must begin classes at Kaplan University within two course-terms of being awarded the scholarship.

Locations:

Within the United States, for either onsite or online classes.

Continued Eligibility:

Must maintain a 2.0 CGPA (Cumulative Grade Point Average) and continuous enrollment.

Privacy Act Advisory Statement

In the spirit of The Privacy Act of 1974, 5 U.S.C. & 552A, as amended, protecting your privacy is important to us. AMVETS will use the personal information you provide for the sole purpose of evaluating your scholarship application. It will not be shared, sold or otherwise made available to any individual, corporation or organization. Disclosure is voluntary. However, failure to provide information could preclude your consideration for this scholarship.

AMVETS - Kaplan University Scholarship Application

(Please type or print the following information.)

Applicant's full legal name: _____
Last First Middle

Permanent mailing address: (Stateside address only.) _____ Email _____ Address: _____

APPLYING FOR: () Bachelor Program
() Associate Program

City: _____ State: _____ Zip: _____ Telephone: () _____ - _____

Social Security Number: _____ - _____ - _____ Date of birth: _____ / _____ / _____ Age: _____
MM DD YYYY

List in order, beginning with the present year, all schools attended in the last four years:

Name of School	Location	Dates Attended	CGPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name, address and telephone number of the school you are currently attending, if any:

(Name of School/Program)

(Street Address)

(City, state, zip)

() _____ - _____
(Telephone)

Financial Status Statement

This statement is to be used to demonstrate your financial resources and financial need.

Name of Applicant _____

Is the applicant independent (residing separately from parents/guardian and earning own living)? Yes No

How many months/years has the applicant been independent? _____

Number of dependents the applicant is supporting, if any: 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ >5 ___

AMVETS - Kaplan University Scholarship Application

Financial Status Statement *(continued)*

Family Income

	Name:	Occupation:	Annual Gross Salary:
Applicant:	_____	_____	\$ _____
Spouse:	_____	_____	\$ _____
Other:	_____	_____	\$ _____
Yearly Estimated Income: Tuition and fees from personal savings: \$ _____ Income from job or work/study programs: \$ _____ Aid from parents or guardian: \$ _____ Aid from spouse: \$ _____ Loans: \$ _____ Scholarships received: \$ _____ Grants: \$ _____ Social Security: \$ _____ Veterans benefits: \$ _____ Welfare aid: \$ _____ Other resources: \$ _____ Total estimated income: \$ _____		Yearly Estimated Expenses: Tuition and fees: \$ _____ Books and materials: \$ _____ Meals: \$ _____ Housing expenses: \$ _____ Miscellaneous expenses: \$ _____ Total estimated expenses: \$ _____	

Total Estimated Expenses:	\$ _____
Total Estimated Income:	\$ _____
Difference Needed:	\$ _____

Certification

In submitting this application, I hereby certify that:

- ✓ I am in need of this scholarship aid to continue my education.
- ✓ The information submitted in this application is complete and correct, and I agree to inform the committee of changes in my financial circumstances.
- ✓ I agree to abide by the rules established by the AMVETS National Scholarship Committee and understand that all decisions rendered by the committee are final.

Signature _____ Date: ____/____/____
 If signatory/applicant is under the age of 18, the parent or legal guardian must also sign below.

Parent/Guardian Signature _____

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