# Alfred Colabella III Memorial Scholarship
# Scholarship Application Form
# Vietnam Veterans of America Chapter 899

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ County _____ Zip _____

Phone Number _____ XXX-XX-_____ Last 4 of SSN _____ Date of Birth _____

Name of High School _____ Graduation Date _____

School Address _____

## ***COLLEGE OR OTHER ACCREDITED SCHOOL YOU PLAN TO ATTEND***

Name _____

Street Address _____ City _____ State _____ Zip _____

Field of Study _____

*The processing of applications and selection of award recipients is within the sole discretion of Chapter 899 Vietnam Veterans of America and is not subject to appeal or* review.

Signature Applicant _____ Date _____ Signature Guidance Counselor _____ Date _____

***Important - Submit this form with your essay, transcript and your letter of acceptance***

## ***FOR VVA CHAPTER 899 USE ONLY***

Date Received_____ Recipients Initials_____

Entry Number/Letter Used_____

**Vietnam Veterans of America Chapter 899**

**Attn: Scholarship Committee**

**PO Box 263**

**Bordentown, NJ 08505**