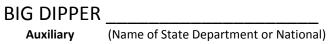


BLUE STAR MOTHERS OF AMERICA, INC.





EDUCATIONAL ASSISTANCE APPLICATION

Name	Age	Male _	Female
Address	P	hone #	
Street City Sta	ate Zip-code		
Are you a Blue Star Mother? Yes No			
Are you a Veteran? Yes No			
If applicant is a son, daughter, grandson, or granddau	ghter of a Blue Si	ar Mother	
State BSM'S Name	State		Chapter #
Address			
Is applicant a son or daughter of a Veteran or an active	o Duty Sorvico M	Iombor or P	locorvict?
Yes No If yes, state the following information	•	iember or iv	.esei vist:
(If you are a Veteran, complete the fo		oursalf).	
• •		•	
Name of Veteran Theater of Service			
(If served during Peace time, state – "I	Nalik PFACF TIMF")		
Date of Service	•		
Is this parent still living? Yes No			
High School GPA: 1 st year 2 nd year 3 rd year	ar 4 th vear		
State your college preference			
State anticipated course of study			
College GPA for terms thus far attended			
Are you or will you attend college on the G.I. Bill? Yes			
The you of will you attend conege on the d.i. bill. Tes	110		
Please write a brief biography and state why you shou	ıld be a recipient	of Big Ding	per Educational
Assistance funds. (Please type and attach to this form)	=	. c0pr	
, , , , , , , , , , , , , , , , , , , ,	,		
Please include a letter of recommendation from one of	of the following:		
High School Principal – Teacher/Professor – Pastor - O		gure not re	lated to you.
Tight bolloon Timelpal Teacher, Trolesson Tastor C	rener ridenoney n	Barenorie	acca to you.
Date completed:Signature of A	pplicant		
Approved by	<u> </u>	Ch	napter President
Name and Number of Chapter			
***Application must be received by President of level of Big Dipp	per indicated on top	of form 30 da	ays prior to convention.
*** FOR OFFICIAL			
DATE RECEIVED:			
DATE REVIEWED:			