



BLUE STAR MOTHERS OF AMERICA, INC.

BIG DIPPER \_\_\_\_\_

Auxiliary (Name of State Department or National)

EDUCATIONAL ASSISTANCE APPLICATION



Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Street City State Zip-code

Are you a Blue Star Mother? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant is a son, daughter, grandson, or granddaughter of a Blue Star Mother

State BSM'S Name \_\_\_\_\_ State \_\_\_\_\_ Chapter # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Is applicant a son or daughter of a Veteran or an active Duty Service Member or Reservist?

Yes \_\_\_ No \_\_\_. If yes, state the following information:

(If you are a Veteran, complete the following about yourself):

Name of Veteran \_\_\_\_\_ Branch of Service \_\_\_\_\_

Theater of Service \_\_\_\_\_ Rank \_\_\_\_\_

(If served during Peace time, state - "PEACE TIME")

Date of Service \_\_\_\_\_

Is this parent still living? Yes \_\_\_\_\_ No \_\_\_\_\_

High School GPA: 1st year \_\_\_\_\_ 2nd year \_\_\_\_\_ 3rd year \_\_\_\_\_ 4th year \_\_\_\_\_

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 \_\_\_\_\_ No \_\_\_\_\_

Please write a brief biography and state why you should be a recipient of Big Dipper Educational Assistance funds. (Please type and attach to this form)

Please include a letter of recommendation from one of the following:

High School Principal - Teacher/Professor - Pastor - Other Authority figure not related to you.

Date completed: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Approved by \_\_\_\_\_ Chapter President

Name and Number of Chapter \_\_\_\_\_

\*\*\*Application must be received by President of level of Big Dipper indicated on top of form 30 days prior to convention.

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

DATE RECEIVED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_