

2017 Scholarship Application Form



The United States War Dogs Association
Honoring our Nation's War Dogs

Applicant Information: Please Type or Print Clearly

Name: _____ DOB: _____ SS# _____

Address: _____

City/State/Zip Code: _____

Telephone Numbers: Home: _____ Mobile: _____ Work: _____

Military Working Dog Handler's Information

Branch of Service: _____ Enlistment Date: _____

MOS: _____

Name of MWD & Tattoo Number: _____

ID Number: _____

Last Tour of Duty: _____

Date of Discharge: _____

(check all that apply)

I am applying as the legal son ___ or daughter ___ of a Military Working Dog Handler.

Current Status:

High School Applicant: _____ Technical School Applicant: _____

As applicable, list source, amount, and type (i.e. restriction or designations) of other scholarships awarded for Academic Year of _____.

Selected for Service Academy Attendance: No ___ Yes ___

Name and Address of your choice for College or Trade: _____

Current college major or technical school profession _____

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SS# _____

Applicant's Family Information: Please Type or Print Clearly

Father's Name: _____

Address: _____

City/State/Zip Code: _____

Telephone Numbers: Home: _____ Mobile: _____ Work: _____

e-mail: _____

Mother's Name: _____

Address: (if different than father) _____

City/State/Zip Code: (if different than father) _____

Telephone Numbers: (if different than father) Home: _____ Mobile: _____ Work: _____

e-mail (if different than father): _____

Education:

High School Name & Location: _____

Graduation Date MWD Handler: _____

Dependent did you graduate yet? Yes ___ No ___

Expected Date of Graduation: _____

Are you a US citizen? _____ If naturalized, what year? _____

My 750-word essay is included with this application. _____

A copy of my High School Diploma or records is included with this application. _____

All applications and essays are to be sent to the United States War Dogs Association, c/o Robert J. Cicero, 100 Rockingchair Road, White Plains, NY 10607-1700.

Signature of Parent or Guardian _____

(Granting permission to make application if under 18)

Signature of MWD Handler _____

(If applicant is your dependent) MOS proof is included with this application. _____

Signature of Applicant _____ Date _____