

S/SGT JAMES M. RAY SCHOLARSHIP
AWARDS APPLICATION

The purpose of this application is to bring together all essential information about you. This information will be used only in regard to scholarship screening. Please fill in this form accurately and completely; failure to do so will be considered grounds for disqualification. Be assured that all the information received by the Scholarship Committee will be held in complete confidence. **Return this application and the Scholastic Reference Form by May 30, 2025 to:**

Vietnam Veterans of Ventura County
Attn: Scholarship Committee
James M Ray Scholarship
P.O. Box 3218
Ventura, CA 93006-3218

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

City: _____ State _____ Zip Code _____

TELEPHONE NO. _____ CURRENT GRADE IN SCHOOL _____

Date of High School graduation _____

Name of Post-Secondary School/College you are attending (if applicable) _____

List the Post-Secondary Schools/Colleges to which you have made formal application:

Fill in the following school and/or community activities information that is applicable to you.

School/Community Honors and Awards Received (based solely on merit, not financial need).

School/Community Service:

School/Community Activities:

Offices held in School/Community Organizations:

Applicant's Signature _____ Date: _____

Parent Signature _____ Date: _____

(If applicant is under 18 years of age)