

THE SALVATION ARMY LIBERTY PROGRAM

832 W. James M. Wood Blvd.

Los Angeles, CA 90015

2009 Spring College Book Scholarship

Dear Veteran:

The Salvation Army Liberty Program fully honors, respects, and thanks you for your service to this country. We have created this *college book scholarship* for recently separated veterans from Operation Iraqi Freedom and/or Operation Enduring Freedom who are planning to attend college in the 2009 spring semester.

We will be awarding scholarships for the 2009 spring semester *up to* \$300. When submitting an application please carefully read the check off list on page 2 of the application to ensure that you complete and submit all required documentation; applications submitted without proper completed documentation will not be considered. The scholarship has been designed to support those veterans who are in the most financial need, thus we do verify personal income, savings, etc.

Scholarship applications that are mailed must **be post-marked no later than December 5, 2008**. Winners will be notified in the first week of January 2009. If you are selected, you will be asked to set up an in person appointment with our staff.

Please mail all applications to:

The Salvation Army Liberty Program
Attn: Michele Klocke
832 W. James M. Wood Blvd.
Los Angeles, CA 90015

OR

fax your application to: (213) 488-1971 w/ a cover letter with attention to Michele Klocke

-Applications will not be accepted via e-mail-

Should you have any questions regarding the application or the grant please contact Michele at 213-438-1602 or E-mail her at Michele.Klocke@gmail.com

Best Wishes,

Liberty Program Staff



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Book Scholarship Application and Check off List

Please carefully read below and submit the following:

- Intake questionnaire (pages 3-6 of application)
- DD214 (copy)
- Bank Statement (copy of checking & savings)
- Proof of income (copy of current employment pay-stub, service connection, GI Bill, Work Study, Disability etc.)
- Proof of school registration for the spring 2009 semester
(If you do not have this by the scholarship deadline, please submit it as soon as you get it).
- Essay Questions (described below)

Essay Questions:

Please answer the following questions in no more than 2 pages using 12 point size Times New Roman font with 1 inch margins.

Please answer the following questions:

1. What are your academic goals, and how do they apply to your current and/or future career? When do you plan on graduating?
2. If you are applying for this scholarship, you are expressing a financial need; What steps are you taking to become financially stable?
3. Where do you see yourself in 3 years?

**The Salvation Army Liberty Program
Book Scholarship Application**

Client Information

Today's DATE: ____/____/____

Veteran Name: _____ **SS#:** ____ / ____ / ____

Age: _____ **DOB:** ____ / ____ / ____ **Gender:** ___ Male ___ Female

Ethnicity: African American Latino/Hispanic Native American
 Asian/Pacific Islander Caucasian Other, *please specify* _____

Service Branch: _____ **Job in Military:** _____

Currently Serving: Yes No **Where:** OIF OEF **Military Orders Verified:** Yes No

Dates of Military Service: ____ / ____ / ____ to ____ / ____ / ____ **DD-214 Verified:** Yes No

Where did they serve: Operation Iraqi Freedom Operation Enduring Freedom

Dates of Deployment: ____ / ____ / ____ to ____ / ____ / ____

Current Marital Status: Single Married Divorced Separated Relationship

Veteran Contact Information

Living Situation: Own Rent No Permanent Residence (i.e. homeless, crashing on couch)
 Live w/ Family (i.e. wife, parents, uncle, etc.) Live w/ roommates (i.e. significant other, friends)

Current Address: _____

If homeless: How Long? ____ Year's ____ months

How did it occur? _____

Current Phone Numbers:

Cell: _____ Home: _____ Work: _____

E-mail Address: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

Family Information

Wife/Significant Other Name: _____ SS#: ____ / ____ / ____

Age: ____ DOB: ____ / ____ / ____ E-mail: _____

Current Phone Numbers:

Cell: _____ Home: _____ Work: _____

Current Address: _____

Employed: Yes No How Long: ____ / ____ / ____ through ____ / ____ / ____

Wife/Significant Other Income Information:

No Income Employment Amount: \$ _____ month other: Amount: \$ _____

Disability (SSI, SSDI,) Amount: \$ _____ Unemployment Amount: \$ _____ month

Total Monthly Income: \$ _____

Children:

1. _____ Age: ____ DOB: ____ / ____ / ____
2. _____ Age: ____ DOB: ____ / ____ / ____
3. _____ Age: ____ DOB: ____ / ____ / ____
4. _____ Age: ____ DOB: ____ / ____ / ____

Health and Mental Health

Service Connected: YES NO If yes, _____ %

Disabilities (please specify): _____

Do you receive medical services from the V.A.? _____ Location: _____

Medical: _____

Psychiatric: _____

Education

Trade School: _____ from ____ / ____ to ____ / ____

Course of Study: _____

Jr. College: _____ from ____ / ____ to ____ / ____

Undergraduate School: _____ from ____ / ____ to ____ / ____

Graduate School: _____ from ____ / ____ to ____ / ____

Employment History

(Provide as much information as possible)

Currently Employed: YES NO If yes, Position: _____ since: _____

Employer: _____

Address: _____

Phone: _____

Previous position: _____ from: _____

Employer: _____

Address: _____

Phone: _____ Reason for leaving: _____

Previous position: _____ from ____ / ____ to ____ / ____

Employer: _____

Address: _____

Phone: _____ Reason for leaving: _____

Previous position: _____ from ____ / ____ to ____ / ____

Employer: _____

Address: _____

Phone: _____ Reason for leaving: _____

Client Income Information

No Income **Employment** Amount: \$ _____ **Unemployment** Amount: \$ _____
 Other: Amount: \$ _____
 Disability (SSI, SSDI, Service Connection) Amount: \$ _____ **G.I. Bill** Amount: \$ _____

Total Monthly Income: \$ _____

Agreement to Participate in Services

I hereby certify that the above information and documents provided by me in this application are true to the best of my knowledge and belief. If any of this information is found to be false or in any way a misrepresentation of the applicant-your application will be denied.

Veteran Signature

____/____/____
Date