**THE “ALLIA WATTS SCHOLARSHIP FUND”**

**NORTHERN VIRGINIA KAPPA ACHIEVEMENT FOUNDATION, INC**

**P.O. Box 1968, Ashburn, VA 20146**

<https://kappasofdulles.org/nvkaf_scholarships>

**DESCRIPTION**

The Allia Watts Scholarship Fund welcomes applications from college bound high school seniors with at least one parent who is considered a disabled veteran. Mr. Watts was a two-time Purple Heart recipient during the Korean War. By his own choosing, Mr. Watts never applied for veteran benefits through the U. S. Department of Veterans Affairs, hence, the creation of this scholarship. Foundation Officers, Chapter Officers, and Board members are not eligible. The Foundation will award, annually, (1) scholarship of $1000.00 each. The scholarship will be based on the following criteria:

1. At least one parent is considered a disabled veteran. The disability ranking must be at least 10% disabled or greater.

2. The applicant’s parent must have been honorably discharged from the military, and must submit the DD214 (with the social security number redacted) and provide a copy of the eligibility letter showing the percentage of the parent's disability.

3. The applicant must submit a 350-word essay response to the following prompt: “How honor, courage and commitment have impacted my life”

4. The applicant must submit a high school transcript.

5. The applicant must submit three letters of recommendations (community member, school official, and a personal friend or relative).

6. The applicant must be accepted to an accredited four-year institution of high learning for the next school year.

7. Finalist are required to participate in an interview held by the scholarship selection committee.

8. The Northern Virginia Kappa Achievement Foundation, Inc. scholarship selection committee will review all applications and select the most qualified candidate. The NVKAF Board of Directors will approve the final selection of the scholarship committee.

**All materials are due to the selection committee by April 16, 2021. Complete application packets should be sent to P.O. Box 1968, Ashburn, VA. 20146-1968.**

**SCHOLARSHIP APPLICATION**

All questions must be completed. Please type or print legibly. Information provided is confidential and will remain property of NORTHERN VIRGINIA KAPPA ACHIEVEMENT FOUNDATION, INC.

1. General Information
	1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LAST FIRST MIDDLE

* 1. Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE ZIP CODE

* 1. Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_
	2. Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Education
	1. Name and address of high school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Date of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Colleges to which you have applied:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Colleges to which you have been accepted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. College you are planning to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Organizations and Activities *(Please attach an additional sheet)*
2. List extracurricular and community activities including volunteer activities.
3. List school club/organization memberships and include offices held.
4. List awards, honors, and prizes received.
5. List your special interests and hobbies.
6. Essay *(Please attach separately)*

Write an essay not to exceed 350 words, in response to the prompt below:

“How honor, courage and commitment have impacted my life”

1. Complete the following:
	1. I have requested that an official copy of my transcript be sent to the *NORTHERN VIRGINIA KAPPA ACHIEVEMENT FOUNDATION, INC.*

P.O. Box 1968, Ashburn, VA 20146-1968

[www.foundation.kappasofdulles.org](http://www.foundation.kappasofdulles.org)

Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_

* 1. I have requested three letters of recommendation from the following persons

Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The applicant’s parent must be honorably discharged from the military. Please submit the DD214 (with the social security number redacted) and provide a copy of the eligibility letter showing the percentage of the parent's disability.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. An interview will be required for scholarship finalists. You will be contacted if you are a finalist.
2. Failure to submit required materials by application closing date will disqualify you from scholarship consideration.

*I affirm that all information in this application is accurate for confidential evaluation.*

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

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_