



Student Application

The Bob Feller Act of Valor Scholarship Program

Building Future Leaders

Student information

First name _____ Last name _____ Middle initial _____

Address _____ Email _____

Phone _____ Mobile phone _____

Sponsoring military family member/guardian _____ Branch of service _____

Dates of service _____ Parent Military ID number _____

Academic Information

High School you are currently attending _____

Address of current High School _____

Name of college, university or vocational school you will be attending _____

Address of school you will be attending _____

Year of enrollment _____ Anticipated graduation year _____ Cumulative grade point average _____

List academic awards and honors _____

Include a copy of your high school transcript indicating recent academic work.

Referrals

High school special recognition _____

Submit two letters of recommendation.

One each from an academic counselor, advisor, faculty member, coach, or community leader.

Explain your leadership or mentoring qualities through participation in extra-curricular or civic activities in school or your community.

Essay Submission

Include a written essay of at least 200 words on how you were inspired by the lessons learned from one of the 37 Hall of Fame players or the four pillars of Citizenship, Service, Sacrifice, and Legacy to future generations in overcoming adversities and challenges.

Financial Aid Package

Please provide a copy of your financial Aid Package for your attended school.

Mail application and all required documents to:

The Bob Feller Act of Valor Award Foundation, PO Box 110 Port Jefferson Station, NY 11776

Please provide a copy of a parent current military ID.