

**Rochester Institute of Technology**  
**US MILITARY SERVICE SCHOLARSHIP**

Complete the information below and fax this form to RIT'S Office of Veteran Enrollment Services (585) 475-7164. Please note that you will need to have your Commander or Education Officer verify your Active Duty status. *This scholarship is only available to active duty members of the US Armed Services attending RIT, Part-time, Online. Requests for this scholarship must be made each Financial Aid year. The Financial Aid year runs June 1<sup>st</sup> to May 31<sup>st</sup>.*

**Personal Information**

Date \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender M  F

Name (Print) \_\_\_\_\_ Rank \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Alt. phone (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

Ethnicity (Optional) \_\_\_\_\_ Citizenship \_\_\_\_\_

**Active Duty Status**

Service Branch \_\_\_\_\_ Unit/Station \_\_\_\_\_

Enlistment Date \_\_\_/\_\_\_/\_\_\_ Estimated Active Duty Separation Date \_\_\_/\_\_\_/\_\_\_

Command Verification of Active Duty Status

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Educational Objective**

Have you attended college before? YES  NO  Degree Earned? YES  NO

Which University/Institute? \_\_\_\_\_

Dates Attended? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ What Program? \_\_\_\_\_

Are you default on a student loan? YES  NO

Have you previously taken any coursework at RIT? YES  NO  If yes, when? \_\_\_\_\_

What program of education do you anticipate entering? \_\_\_\_\_

Non-matriculated  Certificate  Diploma  Associates'  Bachelors'  Masters'

Which academic quarter & year do you plan to start?

Fall (September) \_\_\_\_\_ Winter (December) \_\_\_\_\_ Spring (March) \_\_\_\_\_ Summer (June) \_\_\_\_\_