

The RIT Helen and Frederick Blaessig Annual Memorial Scholarship Award Application

The RIT Helen and Frederick Blaessig Annual Memorial Scholarship was established by Monroe County Powers Disabled American Veterans (DAV) Chapter 15 in honor of Frederick Blaessig, a 1941 RIT graduate.

A deserving Disabled American Veteran, Spouse, Child, or Grandchild of a Disabled American Veteran, will be selected annually in May for payment in the following year. The Award recipient will be selected based on demonstrated Academic Excellence and Financial need. Candidates for this award must be registered, matriculated students (Full-time or Part-time) at the Rochester Institute of Technology during the year the award is paid.

Submit completed application **AND** documentation from Veterans Administration verifying Disabled American Veteran status to: RIT Office of Part-time and Graduate Enrollment Services • 58 Lomb Memorial Drive • Rochester, NY 14623.

I. Applicant Information

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security #: _____
(Mm/dd/year)

E-Mail Address: _____ Phone Number: _____

Permanent Address: _____

II. Veteran/Dependent Information

I am a Disabled American Veteran (skip section III and complete sections IV-V)

I am not a Disabled American Veteran (continue to sections III - V)

III. Dependent Information

I am a (check one box): Child of a Disabled American Veteran;
 Spouse/Widow of a Disabled American Veteran;
 Grandchild of a Disabled American Veteran

Name of Disabled Veteran: _____
(Last) (First) (Middle)

Application deadline is **April 30th** for the subsequent academic year.

The RIT Helen and Frederick Blaessig Annual Memorial Scholarship Award Application

IV. Applicant's Statement

Describe why the Helen and Frederick Blaessig Annual Memorial Scholarship Award is needed, and how you would benefit from this award (attach additional page if needed).

V. Signature

I state that to the best of my knowledge the information given in this scholarship application is true. I give permission to the Scholarship Committee to search my Academic, Financial Aid, and Veterans Affairs records for information needed.

(Signature) _____ (Date) _____

Submit Documentation from Veterans Administration Verifying Disability

For Office Use Only			
Verified disabled veteran status: _____	Verified enrollment:	<input type="checkbox"/> Part-time	
(Initial)		<input type="checkbox"/> Full-time	
Receives VA Vocational Rehabilitation benefits? <input type="checkbox"/> Yes	Financial Need:	<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
GPA: _____			

Application deadline is **April 30th** for the subsequent academic year.