The RIT Helen and Frederick Blaessig Annual Memorial Scholarship 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 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 RIT during the year the award is paid.

To be eligible students must submit a FAFSA, complete this application AND provide documentation from the VA verifying the disabled American Veteran status.

Student Name _____________________________________ University ID ________________

1. Veteran/Dependent Information
   □ I am a Disabled American Veteran (skip to section 3)
   □ I am not a Disabled American Veteran

2. Dependent Information
   □ Child of a Disabled American Veteran;
   □ Spouse/Widow of a Disabled American Veteran;
   □ Grandchild of a Disabled American Veteran

Name of Disabled Veteran: ______________________________________________________

3. 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).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. 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.

___________________________________________________________________________
Student’s Signature (not electronic or digital)                                                        Date

If you have any questions, please do not hesitate to contact us.

Please upload this form to www.rit.edu/aid/upload or mail to our office.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.