



The Nick Bacon  
Memorial Scholarship Fund  
Presented By: The Veterans of Foreign Wars  
Department of Arkansas

## SCHOLARSHIP INFORMATION

The Nick Bacon Memorial Scholarship Fund awards annual college scholarships to selected and deserving children and grandchildren of Veterans who have been rated **30% service-connected disabled by the Department of Veterans Affairs**, and are a current member of an Arkansas Veteran of Foreign Wars Post or were a member of an Arkansas post at the time of their death.

**CURRENT SCHOLARSHIP YEAR: 2025 ~ APPLICATION DEADLINE: 1 March 2025**  
(All applications received after the above deadline will not be judged until the next scholarship year)

### APPLICANT PERSONAL INFORMATION

*Applicant must attach a color copy of his/her official photo ID (i.e. Drivers License).*

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE of BIRTH: \_\_\_\_\_  
(first, middle, and last name) (years) (month, day, year)

HOME ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
(street address only) (area code + number)

\_\_\_\_\_  
(apt#) (city) (state) (zip code) PLACE OF BIRTH: \_\_\_\_\_  
(city) (state)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_  
(number) (state)

CELL: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OTHER CONTACT INFO: \_\_\_\_\_

### QUALIFYING DISABLED VETERAN INFORMATION

Applicant must attach a copy of the veteran's most recent or last annual "Summary of Benefits Letter" from the Department of Veterans Affairs, which clearly shows the veteran's 30 percent "combined service-connected evaluation" (percentage of service-connected disability).

VETERAN'S NAME: \_\_\_\_\_ RELATION TO APPLICANT: \_\_\_\_\_

VETERAN IS: \_\_\_\_\_ LIVING \_\_\_\_\_ DECEASED. VETERAN'S ARKANSAS VFW POST \_\_\_\_\_ / \_\_\_\_\_

### APPLICANT EDUCATION INFORMATION

Applicant must attach copies of: (1) his/her most-recent/ last high school transcript; (2) applicant "Cover Letter" explaining why he/she would be honored to receive The Nick Bacon Memorial Scholarship; and (3) a "Letter of Recommendation" from one of the applicant's educators.

HIGH SCHOOL: \_\_\_\_\_ PRINCIPAL'S NAME: \_\_\_\_\_

\_\_\_\_\_  
(high school street address) (city) (state) (zip code)

\_\_\_\_\_  
(high school graduation month/year) (high school gpa) (high school honors, sports, interest groups)

\_\_\_\_\_  
(most enjoyable part of your high school experience)

COLLEGE: \_\_\_\_\_  
(name of college of your choice) (name of college registrar or assigned advisor)

\_\_\_\_\_  
(college street address) (college city) (college state) (college zip code)

When did you want this scholarship to begin (semester month & year)? Will you be a freshman? If not, explain.

\_\_\_\_\_  
(Why do you want to attend college? What degree do you intend to pursue?)

\_\_\_\_\_  
I hereby declare that all information provided herein is the whole truth to the best of my knowledge. I am hereby applying for a college scholarship to be awarded by The Nick Bacon Memorial Scholarship Foundation. If I am so honored with such a scholarship, I hereby promise to maintain my best-possible grades and the highest possible standards of personal behavior while attending the aforementioned college.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT (GUARDIAN) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Signing Parents Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signing Parents Address: \_\_\_\_\_

Signing Parents Email: \_\_\_\_\_ Other Contact Info: \_\_\_\_\_

Please mail this completed form and signed application and required attachments to:

Veterans of Foreign Wars  
Department of Arkansas  
4210 East Kiehl Avenue  
Sherwood, Arkansas 72120