Flint Hills Veterans Coalition
Student Veteran Scholarship Application Form

Institution: _____ Date: _____

Name: _____ Student ID#: _____

Local Address: _____

(Street address, city, zip code)

Phone #: _____

Email: _____

Other colleges attended: _____

Hours completed toward degree (including transfer credit): _____

Current academic standing:

☐ freshman ☐ sophomore ☐ junior ☐ senior

Signature: _____

Complete this form and print to sign it. To complete the application, include a copy of your DD214 or your current military ID card, if active duty, and a summary of your military service. Include your dates of service, military awards and career goals.

Return to: Flint Hills Veterans' Coalition
ATTN: Scholarship Committee
PO Box 424
Manhattan, KS 66505

Qualifications for this scholarship are completion of the application form, military service summary and DD Form 214 indicating discharge under honorable conditions or a copy of your current military ID card.