United States Sports Academy
"America's Sport University"

Office of the Director of Financial Aid
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WOUNDED WARRIORS SCHOLARSHIP APPLICATION

Name: _____
Last Name First Name Middle Name

Address: _____
Street Address/PO Box City State Zip

Phone: _____ E-mail: _____

Level of Academic Program (check one)

☐ Bachelor's ☐ Master's ☐ Doctoral

Criteria for Scholarship

- Any veteran who has served on active duty and has an honorable separation from the Marine Corps, Navy, Army, Air Force, or Coast Guard, and
- Has sustained a significant wound or injury caused or aggravated by military service in a combat zone as defined by the President of the United States after September 11, 2001, and as a consequence of that injury now has a physical disability which severely impacts function of one or more major life activities;
- Must meet the full standing entrance requirements of the Academy for the desired degree program;
- Must enroll at least half-time as a undergraduate or graduate student at the Academy; and,
- Must meet all the requirements of the Academy regarding continuing academic eligibility.

Scholarship Application Checklist

☐ Submit a completed Admissions Application to the United States Sports Academy.
☐ Provide a copy of the DD214 document as soon as one is issued.
☐ Provide disability documentation. Submit a copy of the Disability Rating Letter from the Veterans Administration, an official letter or other medical record documents from the attending licensed medical physician. The letter or medical documents must include a narrative interpretation summary, which confirms the date of injury, provides a description of the injury and/or resulting disability, and explains the disability's impact on one or more major life functions. To be considered, applications must include appropriate disability documentation.

I am applying for the Wounded Warriors Scholarship and certify that all this information provided in this application is accurate and correct to the best of my recollection, and I understand any false statements made by me may result in the revocation of any scholarship monies and immediate expulsion from the Academy.

_____ _____
Applicant's Signature Date