



BLUE STAR MOTHERS OF AMERICA, INC.

BIG DIPPER \_\_\_\_\_

Auxiliary (Fill in Name of State Department or National)

EDUCATIONAL ASSISTANCE APPLICATION



Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Street City State Zip-code

Email address \_\_\_\_\_

Are you a Blue Star Mother? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

If applicant is a son, daughter, grandson, or granddaughter of a Blue Star Mother

State BSM'S Name \_\_\_\_\_ State \_\_\_\_\_ Chapter # \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Is applicant a son or daughter of a Veteran or an active Duty Service Member or Reservist?

Yes \_\_\_ No \_\_\_. If yes, state the following information:

(If you are a Veteran, complete the following about yourself):

Name of Veteran \_\_\_\_\_ Branch of Service \_\_\_\_\_

Theater of Service \_\_\_\_\_ Rank \_\_\_\_\_

(If served during Peace time, state - "PEACE TIME")

Date of Service \_\_\_\_\_

Is this parent still living? Yes \_\_\_\_\_ No \_\_\_\_\_

High School GPA: 1st year \_\_\_\_\_ 2nd year \_\_\_\_\_ 3rd year \_\_\_\_\_ 4th year \_\_\_\_\_

State your college preference \_\_\_\_\_

State anticipated course of study \_\_\_\_\_

College GPA for terms thus far attended \_\_\_\_\_ Please

write a brief biography and state why you should be a recipient of Big Dipper Educational Assistance funds. (Please type and attach to this form)

Please include a letter of recommendation from one of the following:

High School Principal - Teacher/Professor - Pastor - Other Authority figure not related to you.

Date completed: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Approved by \_\_\_\_\_ Chapter President

Name and Number of Chapter \_\_\_\_\_

\*\*\*Application must be received by President of level of Big Dipper indicated on top of form 30 days prior to respective convention.\*\*

\*\*\* FOR OFFICIAL USE ONLY \*\*\*

DATE RECEIVED: \_\_\_\_\_

DATE REVIEWED: \_\_\_\_\_

# Blue Star Mothers of America, Inc. Big Dipper Auxiliary Educational Assistance Application Checklist

\*\*Use this checklist as your cover sheet when submitting an educational assistance request\*\*

## Educational Assistance Applicant's Information

Applicant Name \_\_\_\_\_

### Checklist:

- BSMA Big Dipper Auxiliary Completed Educational Assistance Application**
- Signed Letter of Recommendation** from Principal, Teacher, Pastor, or other Authority figure not related to you.
- Biographical Essay** (350 - 400 words)
- Once your application is complete, **acquire the signature of the local BSMA Chapter President** and have her fill in the chapter's name and number.
- I understand and agree** the BSMA Big Dipper Auxiliary Educational Assistance Committee is solely responsible for the selection of the recipients of the Josephine Calenda Funds and its decision is final.

**MAIL ALL OF THE ABOVE TO:** BSMA Big Dipper National Auxiliary, Theresa Koontz  
2503 East Fairway Drive, Litchfield Park, AZ. 85340 (*to be considered for National Funds*)

*Or apply mid to late summer to your state Department Big Dipper Auxiliary listed below.*

**BSMA Big Dipper MI Dept.**, Patty Alexander, 2363 Jamestown Dr. Kentwood, MI 49508

**BSMA Big Dipper OH Dept.**, Shawanna Lewis, 2938 Barclay Square N., Columbus:OH 43209

\*Selection notification to be made no less than 10 days following the close of Convention.

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*Official Use Only*

Date Received: \_\_\_\_\_

Application Complete:    Yes            No

Date Reviewed: \_\_\_\_\_

