



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

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 _____

Are you or will you attend college on the G.I. Bill? Yes _____ No _____

Please write a brief biographical essay 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. This year that date is July 1, 2021**

*** 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

Name _____ Home or Cell Phone _____
Address _____ City, State, Zip _____
School Attending _____ Degree Pursuing _____
E-mail address _____

Checklist:

- BSMA Big Dipper Auxiliary Completed Educational Assistance Application**
- 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
503 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.

Official Use Only

Date Received: _____ Application Complete: Yes No
Date Reviewed: _____