



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: 2025-2026 ~ APPLICATION DEADLINE: 1 March 2026

(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. Driver's 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)

_____ PLACE OF BIRTH: _____
(apt#) (city) (state) (zip code) (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'S 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