



SCHOOL OF CONTINUING EDUCATION
PROVIDENCE COLLEGE

SCE Military Service Scholarship Fund Application Form

The SCE Military Scholarship Fund assists veterans of military service who attend SCE. Students who are honorably discharged military veterans, or dependents of such veterans, are eligible. Special emphasis is given to those who served in Afghanistan, Iraq, or another Middle East combat zone. The scholarship helps supplement costs not covered by Veterans Affairs (VA) education benefits.

To apply you must:

- File for the Free Application for Federal Student Aid (FAFSA)
- Have applied for VA education benefits
- Be enrolled in an SCE degree or certificate program

Scholarship decisions are based on financial need, satisfactory academic progress and an essay. Your application can be submitted in person to the SCE, Ruane-147, by email: sce@providence.edu or by fax: 401-865-2603.

Application Deadlines: Summer: May 1 Fall: August 1 Spring: January 2

1. **FINANCIAL INFORMATION** – You must complete the FAFSA each academic year in order to be considered for this scholarship (*for financial aid purposes, the academic year begins in the summer.*) For assistance - visit: www.fafsa.ed.gov

Are you receiving additional types of financial assistance other than VA benefits (ex: employer reimbursement or local scholarships)? If so, please indicate the dollar amount or the percentage of tuition assistance that you receive: _____

2. **ENROLLMENT STATUS** - For how many courses do you plan to register? _____
Indicate year _____ and semester (fall, winter, spring, summer) _____.

3. **ESSAY** – An application essay, no more than two pages in length) is required with your first scholarship application for each academic year. You do not need to submit additional essays within the same academic year unless any information has changed or needs to be updated. In your essay, please include information about your academic, personal and career goals, as well as your financial need.

Name	File Number or Banner ID	Degree or Certificate Program	
Mailing Address	City	State	Zip
Telephone	Email address		

Eligibility Status – Please check your current status (*select one only*):

- ☐ CHAPTER 30 ☐ CHAPTER 31 ☐ CHAPTER 35 ☐ CHAPTER 1606 ☐ CHAPTER 1607
Veteran/Active Duty Vocational Rehabilitation Veteran's Spouse/Dependent National Guard/Reserves Reservist Activated
- ☐ CHAPTER 33* Please indicate the percentage of entitlement the VA approved for CHAPTER 33: _____%
*Post – 9/11 For Chapter 33, are you a Veteran's Spouse/Dependent: ☐ YES ☐ NO
- ☐ Army Tuition Assistance
- ☐ Other: _____