EOA Veterans Scholarship

Nomination Form

To be completed by TRIO/EOP EOA Member

NOMINATOR INFORMATION *Nominator MUST be a current member of EOA for applicant to be considered.							
Are you a current EOA member? \square Yes \square No (Chapter Chair will verify)							
Nominator's Name (print) Email							
Host Institut	ion		Program				
Phone #1			#2			_ Fax	
Address							
City				State		Zip	
EOA Chapter Name							
Nominator's Signature							
NOMINEE INFORMATION							
Applicant Name							
☐ First Generation ☐ Low Income ☐ Disability (SSS) ☐ Underrepresented group (McNair)							
High School							
Cumulative GPA (if applicable):							
Armed Services Affiliation							
☐ Army	☐ Navy	☐ Marine Corps	☐ Air Ford	ce 🖵 Co	ast Guard	☐ Reserve	☐ National Guard

Letter of Recommendation: Please write a rationale for your nomination of this applicant. Consider the applicant's participation in the Armed Services, co-curricular activities, the applicant's academic achievement, leadership skills and your personal interactions with the applicant, as well as, your insights into his/her abilities, potential, and character. Also indicate the applicant's impact on your program and other students and their potential vision to carry out the ideals of TRiO. Please limit your endorsement to **two double-spaced typed pages.**

Once complete, save this form and your letter of recommendation as two-separate PDF documents for your student applicant to upload their application materials online. If you prefer not to share your letter of recommendation with your applicant, you may wish to have your student send their application materials to you to submit on their behalf or meet with your student to submit the application together.

