

# James H. Parke Memorial Fund Youth Scholarship Award Application

The James H. Parke Memorial Fund comprised of the Department of Veterans Affairs Voluntary Service (VAVS) National Advisory Committee (NAC) member organizations and was established in 1976 to serve as the non-profit source of funds for a VAVS Youth Scholarship. Organizations, volunteers, VA staff, and others continue to contribute to the Fund.

Each medical center may nominate one VAVS student volunteer for receipt of the award. Recommendations may be made by any VA staff member who acts as a supervisor of the student volunteer or member of the local VAVS Committee. Discuss recommendations with the Chief of Voluntary Service before submitting application to the Medical Center Director.

Learn more at <http://www.volunteer.va.gov/ParkeScholarship.asp>

**NOTE: Youth nominated for this award cannot be nominated for the Summer Youth Scholarship award.**

**Nominees must be in 10<sup>th</sup> grade or above and have not reached their 19<sup>th</sup> birthday by September 30<sup>th</sup> of the nomination year.**

**Submit completed application to:**

James H. Parke Scholarship Nomination Board

[Parkescholarship@amvets.org](mailto:Parkescholarship@amvets.org)

**Must be received no later than December 31<sup>st</sup> of the nomination year.**

## Candidate's Basic Information

Name of Candidate:		
Address:		
City, State, ZIP:		
Telephone:	Email:	
Date of Birth:	Candidate Age:	Years of Service:

## Nominator's Basic Information

Nominated By:	Title:
VA Medical Center:	Address:
City, State, ZIP:	
Telephone:	Email:

## Candidate's Status

<b><i>100 Hours Minimum Required in Immediate Past Year (Sept. 1 – Aug. 31) Current</i></b>		
Nomination Year:	Hours this Year:	Total Cumulative Volunteer Hours:
Supporting Organization (if any):		
Has applicant received this scholarship before?	Yes	No
<b><i>Certifying Hours and Submission Date:</i></b>		
VAVS/Manager:		
Signature:		Date:

Describe Areas of Service:

**Scholastic Activity**

School Currently Attending:

High School Year:

College Year:

Technical Year:

Major/Course of Study:

Honors and Awards:

**Dependability**

Rate (10 is highest):      1      2      3      4      5      6      7      8      9      10

Describe:

**Fulfillment and Acceptance of Responsibility**

Rate(10 is highest):    1    2    3    4    5    6    7    8    9    10

Describe:

**Personality and Pleasantness to Patients and Staff**

Rate (10 is highest):      1    2    3    4    5    6    7    8    9    10

Describe:

**Leadership Capability**

Rate (10 is highest):      1    2    3    4    5    6    7    8    9    10

Describe:

**Inspiration to Patients Through Service Performed**

Rate (10 is highest):      1    2    3    4    5    6    7    8    9    10

Describe:

**Appearance**

Rate (10 is highest):      1    2    3    4    5    6    7    8    9    10

Describe:

**Qualifications**

What qualifications does nominee possess that set him/her apart from others?

**Comments from Nominee**