

**S/SGT JAMES M. RAY SCHOLARSHIP**  
**AWARDS APPLICATION**

The purpose of this application is to bring together all essential information about you. This information will be used only in regard to scholarship screening. Please fill in this form accurately and completely; failure to do so will be considered grounds for disqualification. Be assured that all the information received by the Scholarship Committee will be held in complete confidence. **Return this application and the Scholastic Reference Form by April,26 2026 to:**

Vietnam Veterans of Ventura County  
Attn: Scholarship Committee  
P.O. Box 3218  
Ventura, CA 93006-3218

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
TELEPHONE NO. \_\_\_\_\_ CURRENT GRADE IN SCHOOL \_\_\_\_\_  
Date of High School graduation \_\_\_\_\_  
Name of Post-Secondary School/College you are attending (if applicable) \_\_\_\_\_  
\_\_\_\_\_

List the Post-Secondary Schools/Colleges to which you have made formal application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fill in the following school and/or community activities information that is applicable to you.**

School/Community Honors and Awards Received (based solely on merit, not financial need).

\_\_\_\_\_  
\_\_\_\_\_

School/Community Service:

\_\_\_\_\_  
\_\_\_\_\_

School/Community Activities:

\_\_\_\_\_  
\_\_\_\_\_

Offices held in School/Community Organizations:

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicant is under 18 years of age)