


Rainbow Division Veterans Foundation



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Tammy E. Moss-Hicks, Scholarship Chair

18 Columbine Avenue

South Glens Falls, NY 12803

Tel: 518-409-0610

Email: 42IDScholars@gmail.com

Name: _____

Home Address: _____

Email address: _____

Cell Phone: _____ Home Phone: _____

Military Information:

Please list your rank, MOS, unit, and duty assignment.

Rank: _____ MOS: _____

Unit: _____

Duty Assignment: _____

Vocational Education Program:

Please list the vocational program you are enrolled in or applying to enter:

Name of Vocational Program: _____

Name of Institution: _____

Address of Institution: _____

Email address of instructor or point of contact (if known): _____

Your digital signature and date:

Briefly state why you want to want this vocational training. Explain what type of skill or certification you plan to earn, and how you plan to use the scholarship money (if awarded):

(If you need more room, attach a separate page to this application)

With this application, please attach a copy of the following documents:

- A document that shows you are currently enrolled in or are accepted into a vocational educational program.
- A memorandum from the first O-3 level commander in your National Guard chain of command confirming you are a currently-serving member of the Army National Guard and do not have any adverse actions against you.