



VIETNAM VETERANS OF AMERICA
DETROIT CHAPTER 9

Descendants Scholarship - Request for Priority Consideration

Date: _____

Reference Number: _____

Requestor's Name: _____
(First)

_____ (Last)

Mailing Address: _____

Email Address: _____

Phone: _____

VVA9 Membership Dates: From: _____ To: _____

Names of Chapter Presidents: _____

List the names of at least three (3) members who can vouch for your term of membership, include their contact information if known.

I attest that the above information is correct.

Signature: _____

Send request to: **Secretary, VVA9, 500 Temple Street Room 4M - Detroit, MI 48201**

FOR VVA9 USE ONLY

Date Completed Form Received: _____

Date Referred for Verification: _____

Verification Results: _____

Verified by: _____

Verified Date: _____

Date Notice sent to Requestor: _____

VVA9 Form # DS-1

“Never again will one generation of veterans abandon another.”