DISABLED AMERICAN VETERANS

DEPARTMENT OF NEW JERSEY

171 Jersey Street, Building #5, 2nd Floor, Trenton, NJ 08611 · Phone: (609) 396-2885 · Fax: (609) 396-9562 · davnj.org

November 2, 2026

Dear Directors of Guidance and Counselors,

The Disabled American Veterans, Department of New Jersey, is pleased to announce the **Charles Kosmutza Scholarship Program** for the 2026–27 school year. This year, we will be awarding three scholarships of $1,000 each — one to a graduating senior in each of our three districts: Northern, Central, and Southern New Jersey.

Enclosed are the application materials and program guidelines. We are forwarding this information to your office with the request that it be distributed among the counselors and other high schools in your area, and posted on your school websites so that every senior class has access.

We sincerely appreciate your assistance in sharing this opportunity with counselors across your school and district. Please disseminate the materials as widely as possible to ensure that all eligible high school seniors have the chance to apply for this meaningful scholarship, made possible through the generosity of the late veteran Charles Kosmutza.

Thank you for your continued support.

Sincerely,



Joshua R. Jude
Department Adjutant
Disabled American Veterans — Department of New Jersey
(609) 396-2885 · adjutant@davnj.org

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CHARLES KOSMUTZA SCHOLARSHIP

PROGRAM GUIDELINES & ELIGIBILITY · 2026–27

The New Jersey Disabled American Veterans will be awarding three (3) scholarships of $1,000.00 each to graduating High School Seniors for post High School Education (College, Community College, Trade School, etc.) — one winner chosen from Northern, one from Central, and one from Southern New Jersey.

The Scholarship Committee has established the following criteria for eligibility:

1. Applicant must be a New Jersey resident.
2. Applicant must be a natural or adopted descendant of a member of the Disabled American Veterans, Dept. of NJ (Sons, Daughters, Grandsons, Granddaughters, Nieces, Nephews, Cousins).
3. Applicant must be a Graduating High School Senior.
4. Applicant must submit, in his or her own words, an Essay of no more than 500 words on the 2026–27 topic: **"A VETERAN WHO CHANGED MY LIFE."** Tell the story of a veteran who influenced who you are today, and what their example taught you.
5. Applications and Essays must be typed or printed legibly in their entirety.
6. Applicant may submit only ONE Application.
7. Applicant must sign and date the authentication. Parent or Guardian signature is also required if applicant is under the age of 18.
8. All Applications must be received no later than **Friday, May 14, 2027**. Applications & Essays may be faxed to the office at (609) 396-9562.
9. Applicant must provide proof of relationship and that the veteran is a member of the Disabled American Veterans.

The Committee will select three (3) winners of these Scholarships from all eligible applications. The winners will be notified by certified mail in a letter with accompanying check. If there are any questions, please contact our office at (609) 396-2885 or adjutant@davnj.org.

SCHOLARSHIP DIVISION — DISTRICT CHAIRS

Northern	Debbie Hamilton-Clax · iamwomanrising@gmail.com	Sussex, Passaic, Essex, Hudson, Morris, Warren, Bergen
Central	Anthony Stradford · anthony.stradford@comcast.net	Union, Middlesex, Somerset, Hunterdon, Monmouth, Mercer, Ocean
Southern	Donald Walls · davchapter70treasurer@gmail.com	Gloucester, Salem, Cumberland, Atlantic, Cape May, Burlington, Camden

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SCHOLARSHIP APPLICATION

CHARLES KOSMUTZA SCHOLARSHIP · 2026–27

DEADLINE: FRIDAY, MAY 14, 2027 BY 3:00 P.M.

(Applications, Essays, and DAV Member Status may be faxed to (609) 396-9562)

NAME — LAST _____ FIRST _____ M.I. _____ ☐ Male ☐ Female

COMPLETE ADDRESS & ZIP CODE _____

PHONE NUMBER _____ STUDENT SOCIAL SECURITY # _____

HIGH SCHOOL NAME _____ PHONE NUMBER _____

HIGH SCHOOL ADDRESS _____ COUNTY _____

SCHOOL YOU WILL BE ATTENDING _____ ACCEPTED: ☐ YES ☐ NO

DAV MEMBER RELATIVE — NAME _____ RELATIONSHIP TO APPLICANT _____ DAV CHAPTER _____

APPLICANT SIGNATURE _____ DATE _____

PARENT / GUARDIAN SIGNATURE (UNDER 18) _____ DATE _____

(All Applications & Essays become the property of this organization. Make photocopies of this application & the Guidelines for distribution to High Schools.)