

Illinois AMVETS Service Foundation Scholarship Application



Mail to:
 Illinois AMVETS Service Foundation
 2200 South Sixth Street
 Springfield, IL 62703

Date: _____
 Please type or print application legibly.

Birth date: M D Yr

1. Applicant's Name _____
 (Last) (First) (Middle)

2. Address _____

City _____ County _____ State _____ Zip _____

Email Address _____ Home Phone Number () _____

3. High School _____ Phone () _____

4. Scholarship applying for (see brochure for qualifications): **Postmark Deadline is March 1st** Please check one box per application; if applying for more than one scholarship, the applicant must provide separate and completed applications to include the requested supporting documentation for each application. If more than one box is marked without proper supporting documentation, the only scholarship the applicant will be considered for will be the Service Foundation Scholarship.

- Illinois AMVETS Service Foundation Scholarship - One Year \$1,000 Non-renewable
- Illinois AMVETS Trade School Scholarship - One Year \$1,000 Non-renewable
- Illinois AMVETS Junior ROTC Scholarship - One Year \$1,000 Non-renewable
- Illinois AMVETS Sad Sacks Nursing Scholarship - Amount to be determined

5. Cumulative G.P.A.: _____

6. Test Scores: ACT _____ or SAT: _____

7. College/University selected _____

8. Anticipated Major _____

9. Father's/Stepfather's name & address _____

10. Mother's/Stepmother's name & address _____

11. Guardian's name & address (if other than parent) _____

12. Select one: Student is a child of veteran grandchild of veteran
 or has an immediate family member who is a veteran (Please specify relationship: _____)

13. Veterans Service Information: Branch _____ Date & Type of Discharge _____

14. Number of dependents in your family by age: _____ 0-12 years _____ 13-18 years _____ 19-25 years

How many dependents are in college, excluding the applicant? _____

15. Total Adjusted Gross Income Last Calendar Year:
- | | |
|--------------------------------------|----------|
| Father/Stepfather | \$ _____ |
| Mother/Stepmother | \$ _____ |
| Guardian | \$ _____ |
| Applicant's Adjusted Gross Income | \$ _____ |
| Total Combined Adjusted Gross Income | \$ _____ |

16. In 100 words or less, please explain why you should receive the Illinois AMVETS scholarship.

CHECKLIST (The following items *must* be included with your application)

- _____ Official transcripts (to include first semester of Senior Year)
- _____ An explanation of the grading system used by the school
- _____ ACT or SAT test scores
- _____ **Trade School Scholarship:** include copy of acceptance letter to a pre-approved trade school
- _____ **Sad Sacks Scholarship:** include copy of acceptance letter to a pre-approved nursing program
- _____ **Junior ROTC Scholarship** applications should include copy of participation letter from a pre-approved Junior ROTC program at the high school

Note: Only those individuals selected for a scholarship will be notified by early April. Within 15 days, those selected must provide a copy of all completed tax forms (including, but not limited to, all schedules) for the prior tax year before the scholarship will be awarded. If the tax information is not provided within this time period, an alternate for the respective scholarship will be selected. Or if the tax information listed above does not match the tax forms sent in, students forfeit any scholarship winnings.

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the AMVETS Department of Illinois Scholarship Committee Illinois AMVETS Service Foundation and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____

Date: ____ / ____ / ____

Signature of parent/legal guardian _____

Date: ____ / ____ / ____

(If applicant is under 18 years of age, the applicant's parent or legal guardian must also sign.)

POSTMARK DEADLINE: MARCH 1st

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