

Illinois AMVETS Ladies Auxiliary



Scholarship Application

Mail to:

Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535

Date _____

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

2. Address _____ City _____ County _____ State _____ Zip _____
(Route or Street No) (Cook, Tazewell, Menard)

Home Phone _____ Date of Birth _____

3. High School _____ Phone # _____
(Name and Address)

4. Scholarship Applying for (see insert sheet for qualifications) **Postmark Deadline is March 1ST**

- Illinois AMVETS Ladies Auxiliary Memorial Scholarship (1 year \$500.00) "An attempt is made to ensure that at least 1 scholarship is given to a C student.
- Illinois AMVETS Ladies Auxiliary Worchid Scholarship-Awarded to a child of a deceased American Veteran (1 year \$500.00) Name of deceased parent that qualifies the applicant. _____

5. Include Transcripts thru 1st semester of Senior Year.

6. Test Scores: ACT: _____ and grade point average: _____ 4 OR 5 POINT SCALE: _____

7. Rank in Class (including first semester of Senior Year) _____

8. College you plan to attend _____

9. Career Objective (use only space provided here) _____

10. Father's/Stepfather's name and address _____

11. Mother's/Stepmother's name and address _____

12. Name and Address of guardian (if other than father/mother) _____

13. Check one:
 Child of a Veteran Grandchild of a Veteran (Relative must be a Veteran of the United States of America)

14. Veteran's Service Information: Branch _____ Date and type of Discharge _____

15. Total Adjusted Gross Income Last Calendar Year:

Father/Stepfather/Guardian \$ _____

Mother/Stepmother/Guardian \$ _____

Applicant's Income \$ _____

Total Combined Income for Last Year \$ _____

16. Number of children, including the applicant, dependent upon parental support _____

a. How many currently in Grades K-12 (Applicant is counted here) _____

b. How many currently in College _____

17. Total amount of money available first year of college _____

a. From Family \$ _____

b. From Applicants Savings \$ _____

18. Class and extra-curricular activities. Indicate any offices held, prizes, awards, honors, and other recognitions received in the past two years. (Use a separate sheet of paper if necessary.)

***CHECK LIST* (YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION):**

___ Official Transcripts through first semester of senior year

___ An Explanation of the Grading System used by the school

___ ACT or SAT Test Scores

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, board and room, required materials or books. 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 Illinois AMVETS Ladies Auxiliary Scholarship Committee and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS and AMVETS Ladies Auxiliary to use a photograph (or other likeness) as well as personal information about me (family, name, home town, etc.), or statements for publicity purposes which may include publication in newspapers, brochures, catalogs, and the AMVETS web site.

Applicant's Signature _____ **Date:** ____/____/____

Signature of parent/legal guardian _____ **Date:** ____/____/____

(Application will not be considered unless signed by a parent or legal guardian even though applicant may be of legal age)

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