

AMVETS LADIES AUXILIARY 2000, SCHOLARSHIP APPLICATION
401 Ortiz Blvd.
Warm Mineral Springs, FL 34287 / Phone 941- 429-1999

TYPE OR PRINT---ALL ITEMS MUST BE COMPLETED

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

SOCIAL SECURITY NO: _____ TELEPHONE NO: (____) _____

COLLEGE OR UNIVERSITY ENROLLED: _____
(NAME)

ADDRESS OF COLLEGE/UNIVERSITY: _____
(STREET) (CITY) (STATE) (ZIP)

List educational experiences since junior high school:

NAME OF SCHOOL	DATES ATTENDED	DATE GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List high school and community activities participated in. Include offices held and awards received (use another sheet if needed)

List all employment during the past two years. Show income. (Use another sheet if needed)

**AMVETS Ladies Auxiliary 2000
Scholarship Program**

Supplemental Information

Father/Spouse Name _____ Occupation _____

Address _____
(Street) (City) (State) (Zip)

Mothers Name _____

Address _____
(Street) (City) (State) (Zip)

Parents monetary assistance \$ _____ Applicant's Annual Income \$ _____

Tuition cost for year or semester: Year \$ _____ Semester \$ _____

Room & board cost for year or semester: Year \$ _____ Semester \$ _____

Number of brothers, sisters, or children and ages of same: _____

Eligibility: _____ (_____) _____
(Members Name) (Relationship) (AMVETS/Auxiliary ID No.)

CERTIFICATION: I certify that all information on this application is true, complete, and accurate to the best of my knowledge. I agree to provide, if requested, any other documentation necessary to verify information reported. Any false information will be cause for denial, reduction or withdrawal of the scholarship offered.

Applicant's Signature: _____ Date: _____

**AMVETS Ladies Auxiliary 2000
Scholarship Program**

PRIVACY ACT ADDENDUM

Applicant should review information requested. None of the information is required by law and is therefore disclosed voluntarily. It will be used in considering the applicant for the scholarship, publicity and related purposes. Not providing all, or part of, the requested information may result in an applicant not being fully considered for this award.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below, all personal information contained in this application for the AMVETS Ladies Auxiliary 2000 Scholarship may be used by the award sponsor for promotion and publicity purposes:

Exceptions: (Specify personal information which you do not want released).

Signature of Applicant: _____ Date: _____

**AMVETS LADIES AUXILIARY 2000
SCHOLARSHIP**

Applicant Name: _____

Revised (9-2012)

Guidelines

The AMVETS Ladies Auxiliary 2000 Scholarship has been established to recognize and reward need, academic achievement and potential of students; to stimulate recruitment of well-qualified candidates for careers in our society and to reflect the interest and involvement of a Local Service Organization and its members. Scholarships must ***be received by April 25, 2015*** and awarded at the May 2015 LAUX 2000 General Membership Meeting, date to be announced in March.

Eligibility

- The applicant must be a member of AMVETS Ladies Auxiliary 2000, a son/daughter or grandchild of a member of AMVETS Ladies Auxiliary 2000.
- Notify the Auxiliary of the college or university in which you are enrolled or intend to enroll.

CHECKLIST OF REQUIREMENTS

The following information MUST be included with Auxiliary 2000 Scholarship application to qualify for judging:

- Completed copy of application form
- Three (3) letters of recommendation (excluding family members) one of which may be a faculty advisor.
- Applicant's resume 200-500 words (it should include past accomplishments, career and educational goals and objectives for the future).
- Proof of eligibility (copy of AMVETS Ladies Auxiliary membership card).
- A **“sealed”** official high school/college transcript with cumulative grade average.
- Privacy Act/Authorization to Release Information form is signed.

JUDGING CRITERIA

