

# 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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Route or Street No)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. High School \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name and Address)

Honors & Awards Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact person \_\_\_\_\_

4. Scholarship Applying for (see insert sheet for qualifications) **Postmark Deadline is MARCH 1<sup>ST</sup>**

- Illinois AMVETS Ladies Auxiliary Memorial Scholarship (1 year \$500.00) At least 1 scholarship will be 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 1<sup>st</sup> semester of Senior Year.

6. Test Scores: ACT: \_\_\_\_\_ or SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

7. Rank in Class (including first semester of Senior Year) \_\_\_\_\_ grade point average \_\_\_\_\_ 4 or 5 point grading system.

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 \_\_\_\_\_

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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