



# Illinois AMVETS Service Foundation Scholarship Application for High School Seniors

Date: \_\_\_\_\_

*Type or print legibly.*

## Student Information

Student must be a Illinois High School Senior graduating in 2017 and either a Child or Grandchild of a veteran or active-duty.

Applicant Name: \_\_\_\_\_

Last

First

Middle

Age

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Select all that apply:  Student is a child of veteran or active-duty  Grandchild of veteran

## Scholarship Selection

Please select one scholarship category below. If applying for more than one scholarship, the applicant must provide separate and completed applications with any required supporting documentation. If more than one box is marked, only the Service Foundation Scholarship will be considered. Each scholarship is a one-time \$1,000 award unless noted below.

Illinois AMVETS Service Foundation Scholarship

Illinois AMVETS Junior ROTC Scholarship

**Attach copy of participation letter from Instructor**

Illinois AMVETS Trade School Scholarship

Illinois AMVETS Sad Sacks Nursing Scholarship\*

**Attach copy of acceptance letter from trade school**

**Attach acceptance letter from nursing program**

**\*Amount to be determined at the time of award**

## Academics

The following criteria must be attached to your application:

1. Most recent and up to date official high school transcripts
2. Explanation of school grading system
3. Copy of official ACT and/or SAT score

Cumulative G.P.A.: \_\_\_\_\_ ACT: \_\_\_\_\_ and/or SAT: \_\_\_\_\_

Selected College/University: \_\_\_\_\_ Anticipated Major: \_\_\_\_\_

## Financial Need

Total Adjusted Gross Income 2015 or 2016 Tax Year:

Father: \$ \_\_\_\_\_

Mother: \$ \_\_\_\_\_

Guardian: \$ \_\_\_\_\_

Student: \$ \_\_\_\_\_

Other Scholarships: \$ \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

Total number of dependents under the age of 21 in the household: \_\_\_\_\_

**Complete all that apply. If selected, all tax documents will be required to verify the income listed within a specified timeframe.**

## Community Service Information

Doing community service provides students with opportunities to become active in the community and positive contributors to society. Community service enables students to acquire skills and knowledge while benefiting the surrounding community. Please list the total number of hours you have completed in the **last 18 months**. In order for this to be verified, please have your Guidance Counselor, Teacher, or ROTC Instructor sign the below statement.

Number of Community Service Hours Completed: \_\_\_\_\_

I \_\_\_\_\_ verify that \_\_\_\_\_ has completed the above listed Community Service Hours in his/her community.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Checklist

The following items must be included with your completed application:

- Official High School transcripts
- Explanation of grading system
- Copy of ACT and/or SAT score
- Acceptance letter if applying for **Trade School** or **Sad Sacks Nursing**
- Participation letter from Junior ROTC Instructor if applying for **Junior ROTC Scholarship**
- I acknowledge that if I am selected, I will be requested to attend a banquet in my honor on 06/10/2017 in Springfield, IL.

## 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 Illinois AMVETS Service Foundation Scholarship Committee 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, parent or legal guardian must sign.*

Applications must be postmarked by **March 1st**. Applications will not be considered after this date. **ONLY** selected recipients will be notified by April 15th.

Mail to:

2200 South Sixth Street  
Springfield, IL 62703

Questions/Concerns: [Crystal@ilamvets.org](mailto:Crystal@ilamvets.org) or 1-800-638-8387