



AMVETS LADIES AUXILIARY DEPARTMENT OF FLORIDA SCHOLARSHIP APPLICATION

APPLICATION MUST BE POSTMARKED NO LATER THAN MAY 15, 2022

Guidelines:

The AMVETS Ladies Auxiliary 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 State Service Organization and its members. Scholarships will be judged and awarded at the June Convention.

ELIGIBILITY

- The applicant must be a member of AMVETS or AMVETS Ladies Auxiliary, a son, daughter or grandchild of a member of AMVETS or AMVETS Ladies Auxiliary and the applicant must be a graduating high school senior who has been accepted to an accredited college or university.

CHECKLIST OF REQUIREMENTS

- Completed copy of Application Form (every line must be completed. (Write N/A if not applicable to you)
- Three (3) letters of recommendation (excluding family members), must be signed and dated (within one year of the date of application) by the writer **(no electronic signatures or copies accepted)**
- The applicant must submit a resume of 200-500 words about himself/herself. It should include past accomplishments, career and educational goals and objectives for the future
- Proof of eligibility (copy of AMVETS or AMVETS Ladies Auxiliary current membership card)
- A **“sealed official”** high school/college transcript with accumulative grade average
- Signed copy of Privacy Act/Authorization to Release Form

**ALL DOCUMENTS MUST BE INCLUDED WITH APPLICATION
IF ALL REQUIREMENTS ARE NOT MET, THIS APPLICATION SHALL NOT BE CONSIDERED.**

Mail completed application and requirements no later than May 15, 2022 to:

**Elizabeth Marquis, Scholarship Officer
3924 Wood Rush Street #302
New Port Richey, FL 34655**



**AMVETS LADIES AUXILIARY DEPARTMENT OF FLORIDA
SCHOLARSHIP APPLICATION**

(TYPE OR PRINT – Every line must be completed, write N/A if not applicable to you)

NAME _____
(LAST) (FIRST) (MIDDLE)

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

SOCIAL SECURITY #: _____ TELEPHONE #: _____

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 DEPARTMENT OF FLORIDA

SCHOLARSHIP APPLICATION

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: _____

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PLEASE READ AND SIGN PRIVACY ACT

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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 & AMVETS Ladies Auxiliary Scholarship may be used by the award sponsor for promotion and publicity purposes:

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

Applicant's Signature: _____ Date: _____

NOTE: ALL DECISIONS OF THE AMVETS LADIES AUXILIARY DEPARTMENT OF FLORIDA SCHOLARSHIP JUDGING COMMITTEE ARE FINAL. THE DECISIONS WILL BE MADE WITHOUT REFERENCES OR PREJUDICE TO RACE, COLOR, SEX, CREED, OR NATIONAL ORIGIN.

JUDGING CRITERIA

Criteria for judging the elements in the candidate's documents will be considered as follow:

Recommendations	15%
Resume	30%
Aim	20%
Need	35%