



# **AMVETS LADIES AUXILIARY DEPARTMENT OF NEW YORK**

## **ROSE BALDWIN MEMORIAL SCHOLARSHIP APPLICATION**

### **GUIDELINES AND ELIGIBILITY**

AMVETS Ladies Auxiliary Department of NY has established a scholarship in memory and founder of Past Department President Rose Baldwin. The scholarship is to assist high school seniors in furthering their education, recognizing their academic achievement and, their potential goals. Applications will be judged at the Department of New York's Convention and the recipient announced during the President's luncheon. The number of \$500.00 Scholarships will be determined by funds available.

### **CHECKLIST OF REQUIREMENTS**

The application must be completed in full and signed by both applicant and his/her sponsor.

Each **AUXILIARY** will submit only **ONE** application, signed by the local auxiliary President. If more than one application is submitted by an auxiliary all applications will be disqualified.

### **AN OFFICIAL COPY OF HIGH SCHOOL TRANSCRIPT**

The transcript must have a **RAISED SEAL. MUST PLACED IN SEALED ENVELOPE, WITH ISSUING OFFICIAL'S SIGNATURE on back of envelope across seal.**

### **AN OFFICIAL LETTER**

A copy of the letter of acceptance, on official school letterhead from an accredited College or University

**ESSAY** An essay of approximately 250 words, stating the applicant's goal and objectives for the future.

**SPONSOR'S CARD** A Copy of Sponsor's AMVETS Ladies Auxiliary Membership Card.

## **APPLICATION PROCESS**

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All applications must be postmarked no later than **May 1<sup>st</sup>**, by local Auxiliary. Please make certain that all the required materials are included with the application form. All applications should be handed into your local President. **IT IS THE RESPONSIBILITY OF THE LOCAL AUXILIARY TO MAKE SURE APPLICATION IS IN PROPER ORDER AND FORWARD IT TO THE DEPARTMENT SCHOLARSHIP OFFICER AT THE ADDRESS BELOW.**

**STUDENT INFORMATION**

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

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

Birth Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Graduation Date \_\_\_\_\_

High School Now Attending \_\_\_\_\_

School Counselor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

College or University Accepted to: \_\_\_\_\_

List all activities in which you have participated in, including offices held and awards received.  
(Use separated sheet if needed) \_\_\_\_\_

List all hobbies and interests: (Use separate sheet) if needed \_\_\_\_\_

List of all employment of the last two (2) years \_\_\_\_\_

**PARENT INFORMATION**

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Age and Names of Brothers: \_\_\_\_\_

Age and Names of Sisters: \_\_\_\_\_

Number of Siblings presently attending College: \_\_\_\_\_

**SPONSOR AND CERTIFICATION**

Name of AMVETS LADIES AUXILIARY SPONSOR: \_\_\_\_\_

AUXILIARY NUMBER: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

## 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 cause for denial or withdrawal of this scholarship.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPONSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AUXILIARY PRESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PRIVACY ACT ADDENDUM

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

## AUTHORIZATION TO RELEASE INFORMATION

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

Exception: (Specify personal information which you do not want released.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: All decisions of the AMVETS Ladies Auxiliary Scholarship Judging Committee are final. The decision will be made without reference or prejudice to color, race, creed, or national origin.**

**Any questions please contact me by phone or email.**

**All applications should be addressed to**

**Donna Smith  
177 County Route 42  
Fort Covington, NY 12937**

**Email: dmsmith155@ yahoo.com**

**Home: 518-358-9839**

**Cell: 315-514-4214**

**REVISED 1/1/2021**