

**AMVETS Ladies Auxiliary  
Department of New York  
ROSE BALDWIN MEMORIAL  
SCHOLARSHIP APPLICATION**

**GUIDELINES AND ELIGIBILITY**

AMVETS LADIES AUXILIARY has established a Department Scholarship in memory of PDP Rose Baldwin—original founder of this Dept Scholarship, to assist High School Seniors in furthering their education and to recognize academic achievement and student potential goals. Applications will be judged during the Dept Convention and announced during the President's luncheon. The number of \$500 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.

An official copy of his/her High School transcript, must accompany the application.

The copy of a letter of acceptance on official school letterhead from an accredited college or university must accompany the application.

An essay of approx 250 words, stating the applicant's goals and objectives for the future must accompany the application.

**APPLICATION PROCESS**

All applications must be postmarked no later than May 1<sup>st</sup>. Please make certain that all of the required materials are included with the application form. All applications should be addressed to the Dept Scholarship Officer.

**If you have any questions, or need additional applications, please contact the Dept Scholarship Officer:**

**STUDENT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

School(s) Accepted to: \_\_\_\_\_

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

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

List all hobbies or interests. (Use separate sheet if needed) \_\_\_\_\_

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

List all employment during the last two years: \_\_\_\_\_

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

**PARENT INFORMATION**

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

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

Number of brothers and sisters: \_\_\_\_\_ Their Ages: \_\_\_\_\_

Number of brothers and sisters presently attending college: \_\_\_\_\_

### SPONSOR INFORMATION

Name of AMVET Auxiliary sponsor: \_\_\_\_\_

Relationship of Applicant: \_\_\_\_\_ Date Joined Organization: \_\_\_\_\_

### 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 or withdrawal of this scholarship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Auxiliary Number: \_\_\_\_\_ Auxiliary President's Signature: \_\_\_\_\_

### PRIVACY ACT ADDENDUM

The 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 application 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 my application for the AMVETS Ladies Auxiliary Department of New York 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: \_\_\_\_\_

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