

SONS OF AMVETS

NATIONAL SCHOLARSHIP APPLICATION

The Sons of AMVETS Scholarship program provides opportunities for advanced education for Sons of AMVETS, wives of Sons of AMVETS, the sons/daughters, grandsons and granddaughters of Sons of AMVETS who desire to attend an institution of higher learning. The Sons of AMVETS Scholarship Award is based upon the applicant's scholastic aptitude and demonstration of financial need.

The Sons of AMVETS Scholarship is for 1st or 2nd year full time students who are entering an accredited College, University, Junior College, Community College, Trade and/or Technical School. The Scholarship award is in the total amount of \$500.00.

If the person applying for this Scholarship will be 18 years old before the school year starts and is eligible to be a Sons of AMVETS member, he would be eligible to apply for the Scholarship as long as he joins the Sons of AMVETS.

THIS AWARD IS PAYABLE IN A GRANT OF \$500.00 AND ONLY APPLIED TOWARD THE STUDENTS TUITION.

The following items must be received at Headquarters with your application to be considered by the Sons of AMVETS Scholarship Committee. Failure to submit the items listed below prior to April 1 will be cause for disqualification of your application.

- *1. Copy of Sons of AMVETS Membership card for current membership year.
2. Brief autobiographical statement outlining why you desire the Sons of AMVETS Scholarship, and what your projected goals are in life.
3. Transcript of most current grades, either high school or college.
4. Good quality black and white or color photograph.

TYPE OR PRINT ALL INFORMATION

STUDENT DATA:

| | | | |
|----------------|------------------|----------------------|--------------|
| <hr/> | | | |
| Last Name | First Name | Initial | Indicate One |
| <hr/> | | | |
| Street Address | City | State | ZIP |
| <hr/> | | | |
| Date of Birth | Telephone Number | Email (if available) | |

TYPE OR PRINT ALL INFORMATION

***STUDENT EDUCATIONAL BACKGROUND**

| | | | |
|-------------------------|----------------------------|------------------|------------------------|
| High School Name | Area Code | Telephone | |
| Street Address | City | State | ZIP |
| Graduation Date | Grade Point Average | Rank | Number in Class |

LIST HONORS AND DISTINCTIONS

| | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

COLLEGE / UNIVERSITY

| | | | |
|--|------------------|------------------|------------|
| College / University Name | Area Code | Telephone | |
| Street Address | City | State | ZIP |
| (Anticipated) Major Course of Study | | | |

***ELIGIBILITY STATEMENT:**

I am eligible for the National Sons of AMVETS Scholarship based upon my relationship of the Sons of AMVETS member named below.

| | | | | |
|-----------------------|------------------|------------------|------------------|-------------------|
| First Name | Last Name | Area Code | Telephone | |
| Street Address | City | State | ZIP | Squadron # |

How are you related to the name above? _____

TYPE OR PRINT ALL INFORMATION

***STUDENT FINANCIAL DISCLOSURE**

1) List and Grants or Scholarships you have received and their value.

A. _____ C. _____
B. _____ D. _____

1) Total monetary value of all Scholarships and Grants \$ _____

2) Amount of financial aid you will receive from your family \$ _____

3) Amount you have saved for your education \$ _____

4) Total of any other financial support you will receive \$ _____

ADD LINES 1, 2, 3, and 4 TOTAL FINANCIAL SUPPORT \$ _____

5) Are you listed as a dependant on your parent's income tax? YES

IF YES, ANSWER NEXT QUESTION NO

6) Parent's adjusted gross income from their most recent tax return \$ _____

7) List the name of your employer or your spouse's employer _____

8) Adjusted gross income from your most recent income tax return \$ _____

If married and filing separately, list your spouses adjusted income \$ _____

PARENTAL INFORMATION

| | | | |
|---------------|-----------|-----------|----------------|
| Father's Name | Area Code | Telephone | Marital Status |
|---------------|-----------|-----------|----------------|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | ZIP |
|----------------|------|-------|-----|

| | | | |
|---------------|-----------|-----------|----------------|
| Mother's Name | Area Code | Telephone | Marital Status |
|---------------|-----------|-----------|----------------|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | ZIP |
|----------------|------|-------|-----|

PUBLICITY RELEASE

For publicity reasons, and only after the selection of the recipients are made, I hereby authorize the Sons of AMVETS National Headquarters, its agents and representatives to use my name and picture in regard to publications relative to the National Sons of AMVETS.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

***MAIL COMPLETED APPLICATION WITH REQUIRED ATTACHMENTS TO:**
Sons of AMVETS National Headquarters - 1395 E. Dublin Granville Rd., Suite # 115
Columbus, OH 43229 - (614) 825-4734 - email: natsons@sonsofamvets.org

* * * APPLICATION DEADLINE IS APRIL 1 * * *