



AMVETS National Ladies Auxiliary

CAREER START SCHOLARSHIP APPLICATION

GUIDELINES AND ELIGIBILITY

The AMVETS National Ladies Auxiliary Career Start Scholarship has been established for members of AMVETS National Ladies Auxiliary who are expanding, updating, and/or reentering the work force. Applications will be judged and scholarships awarded at the National Convention held during the month of August. A possible total of three (3) \$500 scholarships may be awarded at that time.

The applicant must be a current member of the AMVETS National Ladies Auxiliary and must have completed at least one semester/quarter of study at an accredited technical school, business school, college, or university.

CHECK LIST OF REQUIREMENTS

- The applicant must submit a resume of not more than 500 words nor less than 200 words about himself/herself. It should include past accomplishments, career and educational goals, and objectives for the future.
- Three (3) letters of recommendation, one of which may be the faculty advisor (excluding family members) on official school letterhead
- Authorized copy of his/her official high school transcript with accumulative grade average and an explanation of the grading system
- Copy of her current membership card
- Completed copy of the Application Form
- Signed copy of the Privacy Act Form

****ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN JUNE 1.**

****EVERY LINE MUST BE COMPLETED. WRITE N/A IF NOT APPLICABLE TO YOU.**

****IF ALL REQUIREMENTS ARE NOT MET, THIS APPLICATION SHALL NOT BE CONSIDERED.**

JUDGING CRITERIA

Criteria for judging the elements in the candidate's dossier will be considered as follows:

- NEED – 45% The information on the application form regarding the financial status of the applicant, the family, and the actual need of the applicant
- SCHOLARSHIP – 15% Scholastic transcript of semester average for all courses taken in previous semester(s) with an explanation of the grading system
- AIM – 25% The student paper (maximum 500 words; minimum 200 words)
- PRESENTATION – 15% Three (3) letters of reference as to student potential in regards to specialized field; must be signed and dated by the writer

APPLICATION PROCESS

Applications must be sent to the AMVETS National Ladies Auxiliary Headquarters and postmarked not later than June 1. Transcripts must be postmarked by July 1. Applications will be disqualified if received after the deadline. All applications should be sent to:

AMVETS National Ladies Auxiliary Headquarters
ATTENTION: SCHOLARSHIP OFFICER
4647 Forbes Boulevard
Lanham, MD 20706



AMVETS National Ladies Auxiliary

CAREER START SCHOLARSHIP APPLICATION

(TYPE OR PRINT – ALL ITEMS MUST BE COMPLETED)

NAME: _____ TELEPHONE: _____
LAST FIRST MIDDLE

ADDRESS: _____
ADDRESS CITY STATE ZIP

BIRTHDATE: _____ AGE: _____ GRADUATION DATE: _____

LIST YOUR EDUCATIONAL HISTORY BEGINNING WITH HIGH SCHOOL THROUGH WHERE YOU ARE NOW ENROLLED.

NAME OF SCHOOL DATES ATTENDED

LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED IN, INCLUDING OFFICES HELD AND AWARDS RECEIVED. (USE ANOTHER SHEET IF NEEDED)

LIST TYPES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST SHOWING INCOME, LENGTH OF EMPLOYMENT, AND/OR REASONS FOR PERIODS OF UNEMPLOYMENT. (USE ANOTHER SHEET IF NEEDED)

APPLICANTS ANNUAL INCOME:

SOURCE:

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED:

COURSE COST/SESSION:

ESTIMATED COST LIVING EXPENSES:

OTHER HOUSEHOLD INCOME AND HOW DERIVED:

DEPENDENTS (LIST FIRST NAME AND AGE OF EACH DEPENDENT:

PARENT/GUARDIAN OR SPOUSE INFORMATION

FATHER OR SPOUSE'S NAME:

ADDRESS:

ADDRESS

CITY

STATE ZIP

OCCUPATION:

MOTHER OR SPOUSE'S NAME:

ADDRESS:

ADDRESS

CITY

STATE ZIP

OCCUPATION:

APPLICANT'S ANNUAL INCOME:

PARENT'S MONETARY ASSISTANCE:

SPOUSES MONETARY ASSISTANCE:

TUITION COST FOR YEAR OR SEMESTER:

YEAR:

SEMESTER:

NUMBER OF BROTHERS AND/OR SISTERS AND THEIR AGES:

NAME:

AGE:

NAME:

AGE:

NAME:

AGE:

NAME:

AGE:

NUMBER ATTENDING COLLEGE: _____

CERTIFICATION – I/WE CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF OUR/MY KNOWLEDGE. I/WE 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:

LOCAL LADIES AUXILIARY PRESIDENT SIGNATURE:

DATE:

DEADLINE DATE: JUNE 1 – SEND ALL APPLICATION FORMS TO :

**AMVETS NATIONAL LADIES AUXILIARY HEADQUARTERS
ATTENTION: NATIONAL SCHOLARSHIP OFFICER
4647 FORBES BOULEVARD
LANHAM, MD 20706-4380**

PLEASE READ AND SIGN PRIVACY ACT ON REVERSE SIDE.

USE THIS SPACE TO COMPLETE QUESTIONS ON PREVIOUS PAGES, OR FOR COMMENTS NECESSARY FOR SPECIAL CONSIDERATIONS:

PRIVACY ACT ADDENDUM – SCHOLARSHIP APPLICATION

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 MY APPLICATION FOR THE AMVETS NATIONAL LADIES AUXILIARY CAREER START SCHOLARSHIP MAY BE USED BY THE AWARD SPONSOR FOR PROMOTION AND PUBLICITY PURPOSES.

EXCEPTIONS: (SPECIFY PERSONAL INFORMATION WHICH YOU DO NOT WANT RELEASED.)

SIGNATURE:

DATE:

SOCIAL SECURITY NUMBER:

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER
THAN JUNE 1.**

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