



AMVETS

DEPARTMENT OF NEW YORK SERVICE FOUNDATION

4 Miller Street, Binghamton, New York 13901 • (607) 722-0675

President
Martin P. Ashman, PDC

Vice President
James Owens

Secretary
Peter Bertrand, PDC

Treasurer
Dave Feary, PDC

Trustee
George Stondell, DC
Harold Chapman, PNC, PDC
Marty Bugaj, PDC

Date: October 6, 2019

To: State Officers, Post Commanders & Membership, Auxiliary Presidents & Membership, Riders Presidents & Membership, and Sons Commanders & Membership

Re: 2019 NY AMVETS Service Foundation Continuing Education Scholarships

Please refer to the below table for the 2019 NY AMVETS Service Foundation Continuing Education Scholarships. Applicants must meet the following criteria:

1. They must be a blood relative of legal adoptee of a NY AMVET or Sons of AMVET member.
 - 1A. Parents, grandparents who are blood relatives and legally adoptee's **all others will have to submit a notarized statement showing how you are a blood relative.**
2. No in-laws will be accepted.
3. Veterans must show proof of honorable discharge or current enlistment.
4. High school seniors must be accepted to college.
5. Freshman must be entering their sophomore year of college.
6. Sophomores must be entering their junior year of college.
7. Juniors must be entering their senior year of college.
8. Graduate students must be enrolled in graduate school (Master's or higher).

Scholarship Name	Criteria	Amount (Each)	Number Available
Veterans	Honorably discharged Veteran or current enlistee	\$3,000.00	One (1)
Dennis J. Quinn & Stanley Cygan Memorial Scholarships	High school seniors entering college	\$1,500.00	Eight (8)
Nicholas Florio & Leon Gubala Americanism Memorial Scholarships	College sophomores entering their junior year	\$3,000.00	Three (3)
Msgr. Cajetan J. Troy & Pat Lupinacci Memorial Scholarships	College juniors entering their senior year	\$3,000.00	Two (2)
Arthur W. Klingel, Jr. Memorial Scholarship	Graduate student seeking Master's degree	\$3,000.00	One (1)



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PLEASE NOTE: The Service Foundation reserves the right to change the amount of any Scholarship.

SCHOLARSHIP APPLICANT MUST PROVIDE THE FOLLOWING:

1. A copy of this instruction sheet;
2. **Completed Scholarship Application with signatures and dates**;
3. A copy of sponsor's current membership card;
4. **Veterans:** If honorably discharged, must include a copy of your DD214. If currently enlisted, must include copy of current military orders and I.D. card.
5. **H.S. Seniors:** Copy of grades. Raised seal on grades, and sealed envelopes will be accepted.
6. **All College and Graduate Students:** Transcripts from all schools attended or, if unavailable an Official letter with the raised seal of the college, listing the grades and attesting to their validity. **Computer generated grades will not be accepted.**
7. An individual letter describing the applicant's goals.
8. **A 250 Minimum word essay pertaining to the subject:**

DO YOU THINK THE TARIFFS WILL HELP OR HURT IN NEGOTIATIONS FOR THE FUTURE OF THE ECONOMY?

Applicants must be mindful to complete the proper application. If an application is submitted for other than the scholarship being sought, it will be **DISQUALIFIED**.

If additional applications are required, please make photocopies.

ALL OF THE ENUMERATED ITEMS MUST BE POSTMARKED NO LATER THAN FEBRUARY 14, 2019 AND MAILED TO:

**Harold Chapman PNC, PDC
31 Third Ave.
East Islip, New York 11730**

Yours in AMVETS,

Martin P. Ashman

Martin P. Ashman, President, PDC



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VETERAN'S

SCHOLARSHIP APPLICATION:

1. All items must be filled out.
2. Please type or print clearly.
3. Do not staple paperwork.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BRANCH OF SERVICE _____ DATES OF SERVICE _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER _____

MOTHER _____

NAME OF COLLEGE _____

ADDRESS _____

PHONE NUMBER OF COUNSELOR _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true, and accurate to the best of my knowledge. I agree to provide requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OR WITHDRAWL OF THE SCHOLARSHIP.

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____



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DENNIS QUINN & STANLEY CYGAN MEMORIAL SCHOLARSHIP APPLICATION – HIGH SCHOOL SENIORS:

1. All items must be filled out.
2. Please type or print clearly.
3. Do not staple paperwork.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ARE YOU A VETERAN? _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER _____

MOTHER _____

NAME OF HIGH SCHOOL _____

COLLEGE ACCEPTED TO _____

PHONE NUMBER OF H.S. COUNSELOR _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true, and accurate to the best of my knowledge. I agree to provide requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OR WITHDRAWAL OF THE SCHOLARSHIP.

Applicant's Signature _____ Date _____

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NICHOLAS FLORIO & LEON GUBALA MEMORIAL SCHOLARSHIP APPLICATION – COLLEGE SOPHOMORES:

1. All items must be filled out.
2. Please type or print clearly.
3. Do not staple paperwork.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ARE YOU A VETERAN? _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER _____

MOTHER _____

NAME OF COLLEGE _____

ADDRESS _____

PHONE NUMBER OF COUNSELOR _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true, and accurate to the best of my knowledge. I agree to provide requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OR WITHDRAWAL OF THE SCHOLARSHIP.

Applicant's Signature _____ Date _____

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MSGR. CAJETAN J. TROY & PAT LUPINACCI MEMORIAL SCHOLARSHIP APPLICATION – COLLEGE JUNIORS:

1. All items must be filled out.
2. Please type or print clearly.
3. Do not staple paperwork.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ARE YOU A VETERAN? _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER _____

MOTHER _____

NAME OF COLLEGE _____

ADDRESS _____

PHONE NUMBER OF COUNSELOR _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true, and accurate to the best of my knowledge. I agree to provide requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OR WITHDRAWL OF THE SCHOLARSHIP.

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____



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ARTHUR W. KLINGEL, JR. MEMORIAL

SCHOLARSHIP APPLICATION – ENROLLED GRADUATE STUDENT:

1. All items must be filled out.
2. Please type or print clearly.
3. Do not staple paperwork.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

ARE YOU A VETERAN? _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER _____

MOTHER _____

NAME OF COLLEGE _____

ADDRESS _____

PHONE NUMBER OF COUNSELOR _____

ANTICIPATED DATE OF GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true, and accurate to the best of my knowledge. I agree to provide requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OR WITHDRAWAL OF THE SCHOLARSHIP.

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____