Annual Medical Field Scholarship Application

<u>Auxiliaries in a Grand</u>: Mail to Grand Scholarship Chairman by Due Date Set by Grand Chairman <u>Auxiliaries Not in a Grand</u>: Mail to the (3) Supreme Scholarship Committee Members by May 15th. <u>Grands</u>: Mail to each of the Supreme Scholarship Committee Members by May 15th.

Circle One:	New	Renewal				
School Diplon		; accepted as a	full-time unde		FW or VFW Aux t at an Accredited	
Student Last Name:			First		MI	
Permanent Ad	dress:					
					Zip	
E-mail:				FAX:		
Phone Number ()						
Date of Birth:			Place of Birth:			
Month Day Year		Year			City / State	
Date of Gradu	ation: High Scho	ool <u>:</u>	College:		Cumulative GP	A
		Month / Yo	ear	Month / Year		
Medical Field	<u> </u>					
College/School	ol accepted at:					
Address:						
Stree	et		City	Stat		Zip
Address	s needs to be wne			it should be sent.	ng the name of a I	Jepartment or
Will you recei	ve any other Sch	·				
					ources: \$	
	re than one, use				·	
Under whom a applicable.	are you Eligible	for membershi	p in the VFW	or its VFW Auxil	iary? Insert name	e where
	Darent		Grandnar	ant:	Sibling	
					Siding	
Sponsoring M	OCA			_ State		
Attach three	(3) copies of eac	ch of the follov	ving:			
	` · -		_	attain that goal.		
 Resume of ultimate goal and steps you expect to take to attain that goal. Two (2) recent letters of recommendation. 						
3. Application						
	t transcript of gr	ades.				
1,105,100	o transcript or gr	ades.				
Permission is	hereby granted	l to the Supre	me MOCA Sc	holarship Comn	nittee to verify so	chool records:
Signature of A		_		_	te:	
If under 18 ye						
•	9	-	Č			
	that the above-n been submitted			W Auxiliary mem	ber, and that all r	equired
Signature of MOCA Chairman:			Date:			