

Veterans of Foreign Wars Auxiliary
Department of Wisconsin
Lillian Campbell Medical Scholarship Application

Applicant's Full Name: _____ Email: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Guardian's/Spouse's Name: _____

If guardian is other than parents, with whom do you reside? _____

Number of Brothers: _____ Sisters: _____ Sons: _____ Daughters: _____

Are you a veteran? Yes ___ No ___ Name of veteran in your **immediate** family: _____

What relationship are you to that veteran? _____

Date graduated from High School _____ Are you a resident of Wisconsin? Yes ___ No ___

Do you plan to continue your Wisconsin residency after completion of this course? _____

Are you a current card-carrying member of the Wisconsin VFW/VFW Auxiliary?

Proof of financial need showing family adjusted gross income: (check one): FAFSA Income Tax Form

Please provide any information which you think would be helpful to the committee:

What technical school or college did/are attend/attending? _____

Field of study/current GPA: _____ Expected graduation date: _____

Note: Applicant must submit an essay not to exceed 200 words, entitled "**Why I'm Interested In Studying This Medical Profession.**" This essay should be typed and placed in a plastic folder with applicant's name **on the cover only**. If desired, please make a copy of your application before mailing, as applications will not be returned.

Signature of Applicant: _____ Date: _____

Applicant: Completed application along with required items must be mailed prior to April 1, 2019.

Local Auxiliary Name: _____ No.: _____ District: _____

Local Auxiliary Chairperson's Name: _____ Email: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____