AMVETS LADIES AUXILIARY

DEPARTMENT OF NEW YORK

ROSE BALDWIN MEMORIAL

SCHOLARSHIP APPLICATION

GUIDELINES AND ELIGIBILITY

AMVETS Ladies Auxiliary Department of NY has established a scholarship in memory and founder of Past Department President Rose Baldwin. The scholarship is to assist high school seniors in furthering their education, recognizing their academic achievement and, their potential goals. Applications will be judged at the Department of New York's Convention and the recipient announced during the President's luncheon. The number of $500.00 Scholarships will be determined by funds available.

CHECKLIST OF REQUIREMENTS

The application must be completed in full and signed by both applicant and his/her sponsor.

Each AUXILIARY will submit only ONE application, signed by the local auxiliary President. If more than one application is submitted by an auxiliary all applications will be disqualified.

AN OFFICIAL COPY OF HIGH SCHOOL TRANSCRIPT

The transcript must have a **RAISED SEAL AND MUST PLACED IN SEALED ENVELOPE.**

AN OFFICIAL LETTER

A copy of the letter of acceptance, on official school letterhead from an accredited College or University

ESSAY An essay of approximately 250 words, stating the applicant's goal and objectives for the future.

SPONSOR'S CARD A Copy of Sponsor's AMVETS Ladies Auxiliary Membership Card.

APPLICATION PROCESS

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All applications must be postmarked no later than May 1st. by local Auxiliary. Please make certain that all the required materials are included with the application form. All applications should be handed into your local President. IT IS THE RESONSIBLITY OF THE LOCAL AUXILIARY TO MAKE SURE APPLICATION IS IN PROPER ORDER AND FORWARD IT TO THE DEPARTMENT SCHOLARSHIP OFFICER AT THE ADDRESS BELOW.

STUDENT INFORMATION

Name:_____

Address:_____

Birth Date: _____ Telephone: _____ Graduation Date_____

High School Now Attending_____

School Counselor's Name: _____ Telephone: _____

College or University Accepted to:_____

_____

List all activities in which you have participated in, including offices held and awards received. (Use separate sheet if needed) _____

List all hobbies and interests: (Use separate sheet if needed)_____

_____

List of all employment of the last two (2) years_____

_____

PARENT INFORMATION

Father's Name:_____ Occupation:_____

Mother's Name_____ Occupation:_____

Age and Names of Brothers:_____

_____

Age and Names of Sisters:

_____

_____

Number of Siblings presently attending College: _____

SPONSOR AND CERTIFICATION

Name of AMVETS LADIES AUXILIARY SPONSOR: _____

AUXILIARY NUMBER: _____

Certification

I certify that all information on this application is true, complete, and accurate to the best of my knowledge. I agree to provide, if requested, any other documentation necessary to verify information reported. Any false information will be cause for denial or withdrawal of this scholarship.

APPLICANT'S SIGNATURE: _____ DATE: _____

SPONSOR'S SIGNATURE: _____ DATE: _____

AUXILIARY PRESIDENT'S SIGNATURE: _____ DATE: _____

PRIVACY ACT ADDENDUM

The applicant should review information requested. None of the information is required by law, therefore, disclosed voluntarily. It will be used in considering the application for the scholarship, publicity, and related purposes. Not providing all or part of the requested information may result in an application not being fully considered for the award.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below, all personal information contained in my application for the AMVETS Ladies Auxiliary Scholarship may be used by the award sponsor for promotion and publicity purposes.

Exception: (Specify personal information which you do not want released.) _____

_____

_____

Signature of Applicant:_____ **Date:** _____

Note: All decisions of the AMVETS Ladies Auxiliary Scholarship Judging Committee are final. The decision will be made without reference or prejudice to color, race, creed, or national origin.

All applications should be addressed to:

Department Scholarship Officer
Linda "Chickie" George, PDP
221 McFadden Rd
Lisbon, NY 13658

REVISED 10/23/25 JMA