



## AMVETS, Sons, & Ladies Auxiliary Post #94 Scholarship Application for Academic Year 20\_\_

To be eligible for the AMVETS Scholarship, applicant must be an immediate family member of an American Veteran, (immediate family member includes child, grandchild, brother, sister or an enlisted or honorably discharged veteran). Please include a copy of military documentation.

Mail completed application and supporting documentation to:

AMVETS Post #94  
Scholarship Committee  
1203 W. St. Joseph St.  
Perryville, MO 63775

**MUST BE POSTMARKED**  
**NO LATER THAN**  
**March 15, 20**

### Personal Information

Name of Applicant \_\_\_\_\_  
Last First Middle Initial

Current Mailing Address \_\_\_\_\_  
Street or PO Box City, State, & Zip Code

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Academic Information

Name and Location of High School \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_

\*\*\*Please provide a High School Transcript and Proof of Scores

Name and Location of Intended College \_\_\_\_\_

Declared Major \_\_\_\_\_

### Academic Honors/Awards/Achievements

List all accomplishments, positions of leadership, and membership organization in which you participated during High School.

### Other Curricular Activities and Achievements

### Educational Plans/Career Objectives/Personal Goals

Please type a statement in your own words expressing your educational plans, career objectives, and personal goals. Then attach to this application.

### References

Name of Reference	Phone Number of Reference	Relation to Applicant

### Applicant Certification

The information given on this application is to be used for consideration for an AMVETS Scholarship and is correct to the best of my knowledge. I understand that the decision made by the AMVETS Scholarship Committee is FINAL.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date