

**AMVETS Department of Missouri Ladies Auxiliary
SCHOLARSHIP**



**The AMVETS Department of Missouri Ladies Auxiliary
SCHOLARSHIP
GUIDELINES AND ELIGIBILITY**

The AMVETS Department of Missouri Ladies Auxiliary Scholarship has been established to recognize and reward need, academic achievement and potential of students; to stimulate recruitment of well qualified candidates for careers in our society today; and to reflect the interest and involvement of a National Service Organization and its members. Scholarships will be judged and awarded at the Department Convention, held during the month of June. A possible total of (3) \$500 scholarships may be awarded at that time.

- The applicant must be in at least his/her second year of undergraduate study at an accredited college or university.
- The applicant must submit a resume of not more than 500 words nor less than 200 words about himself/herself. It should include past accomplishments, career and educational goals and objectives for the future.
- Three (3) letters of recommendation (excluding family members) must be signed and dated (within one year of the date of application) by writers, PDF verified signatures are acceptable.
- Authorized copy of his/her most current transcript with accumulative grade average and an explanation of the grading system must be received in a sealed envelope.
- Complete copy of the application form.
- Signed copy of the Privacy Act form.
- If changing schools, a letter of acceptance, on official school letterhead, from accredited college or university is required.

****EVERY LINE MUST BE COMPLETED. WRITE N/A IF NOT APPLICABLE TO YOU.**

****IF ALL REQUIREMENTS ARE NOT MET, THIS APPLICATION SHALL NOT BE CONSIDERED.**

Applications for these Scholarships are to be submitted to the Missouri Honors and Awards Committee by the deadline set by the Department.



AMVETS LADIES AUXILIARY DEPARTMENT of MISSOURI
SCHOLARSHIP APPLICATION
PLEASE TYPE OR PRINT – ALL ITEMS MUST BE COMPLETED

NAME _____ TELEPHONE _____
LAST FIRST MIDDLE

ADDRESS _____
ADDRESS CITY STATE ZIP

BIRTHDATE _____ MARITAL STATUS _____

LIST YOUR EDUCATIONAL HISTORY BEGINNING WITH HIGH SCHOOL THROUGH WHERE YOU ARE NOW

LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATE IN, INCLUDING OFFICES HELD AND AWARDS RECEIVED

LIST TYPES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST SHOWING INCOME, LENGTH OF EMPLOYMENT AND/OR REASONS FOR PERIOD OF UNEMPLOYMENT. (USE ADDITIONAL SHEET IF NEEDED)

JUDGING CRITERIA

APPLICANTS INCOME: _____ SOURCE: _____

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED: _____

COURSE COST/SESSION: _____ ESTIMATED COST OF LIVING EXPENSES: _____

OTHER HOUSEHOLD INCOME AND HOW DERIVED: _____

NUMBER OF DEPENDENTS(List first name & age of each) each) _____

PARENT/GAURDIAN OR SPOUSE INFORMATION

FATHER OR SPOUSE'S NAME: _____

ADDRESS: _____

ADDRESS

CITY

STATE

ZIP

OCCUPATION: _____ ANNUAL INCOME: _____

MOTHER OR SPOUSE'S NAME: _____

ADDRESS: _____

ADDRESS

CITY

AND STATE

ZIP

OCCUPATION: _____

PARENTAL/SPOUSE CONTRIBUTION TOWARD COLLEGE EXPENSES: _____

APPLICANTS ANNUAL INCOME: _____

TUITION COST FOR YEAR OR SEMESTER: YEAR _____ SEMESTER: _____

NUMBER OF BROTHERS, SISTERS OR CHILDREN AND AGES: _____

NUMBER IN COLLEGE: _____

CERTIFICATION-I/WE CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE ,
COMPLETE, AND ACCURATE TO THE BEST OF OUR/MY KNOWLEDGE. I/WE AGREE TO PROVIDE,
IF REQUESTED ANY OTHER DOCUMENTATION NECESSARY TO VERIFY INFORMATION REPORTED.
ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL, REDUCTION, OR WITHDRAWAL OF THE
SCHOLARSHIP OFFERED.

APPLICANTS SIGNATURE: _____ DATE: _____

PLEASE READ AND SIGN THE PRIVACY ACT

USE THIS SPACE TO COMPLETE QUESTIONS ON PREVIOUS PAGES, OR FOR COMMENTS
NECESSARY FOR SPECIAL CONSIDERATIONS: _____

PRIVACY ACT ADDENDUM SCHOLARSHIP APPLICATION

APPLICANT SHOULD REVIEW INFORMATION REQUESTED. NONE OF THE INFORMATION IS REQUIRED BY LAW AND IS THEREFORE DISCLOSED VOLUNTARILY. IT WILL BE USED IN CONSIDERING THE APPLICANT FOR THE SCHOLARSHIP, PUBLICITY, AND RELATED PURPOSES. NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION SHALL RESULT IN AN APPLICANT NOT BEING CONSIDERED FOR THIS AWARD.

SIGNATURE: _____ DATE: _____

ALL NOMINATIONS FOR THIS SCHOLARSHIP ARE TO BE SUBMITTED TO THE DEPARTMENT HONORS AND AWARDS COMMITTEE BY THE DEADLINE SET BY THE DEPARTMENT.

NOTE: ALL DECISIONS OF THE AMVETS LADIES AUXILIARY DEPARTMENT OF MISSOURI SCHOLARSHIP JUDGING COMMITTEE ARE FINAL. THE DECISIONS WILL BE MADE WITHOUT REFERENCES OR PREJUDICE TO RACE, COLOR, SEX, CREED, OR NATIONAL ORIGIN.