

AMVETS

HOSPITAL AND SERVICE FOUNDATION SCHOLARSHIP PROGRAM

Purpose

1. To help in a monetary way, a student entering or in college, to show our appreciation to AMVET members, to promote the name of AMVETS, this by helping with the education of AMVET members, their spouses and their children or grandchildren.
2. A child, grandchild or spouse of an AMVET member or an AMVET member in good standing may apply for the AMVETS Hospital & Service Foundation Scholarship. More than one child from a member's family may apply.
3. The parent, grandparent or spouse of a non-AMVET student and the AMVET member must be a member of AMVETS, in the Dept. of Wisconsin for a minimum of three years. If the member has passed away this program will honor the application of any of his surviving children, grandchildren or not remarried spouse. The AMVET member must have been a member in good standing at the time he passed away.
4. The applicant must apply for the scholarship.
5. The applicant may apply for the scholarship up to and including his/her fourth year of his/her college education. The student must be maintaining a satisfactory grade point average to qualify for the second, third and fourth year of college.
6. The scholarship will be limited to under-graduate studies.
7. The student must attend an accredited college or be attending an accredited college.
8. All resumes become the property of the AMVETS Hospital & Service Foundation, and all judging will be final. No final decisions can be challenged. If an intentional misrepresentation is found in an application, it will be disqualified.
9. An impartial committee not connected with AMVETS will do all judging of applications.
10. The attached form must be filled out and returned with one copy of these Rules & Regulations postmarked on or before **May 1st** of the current year. The copy of the Rules & Regulations must be signed by the applicant indicating that all Rules & Regulations are fully understood.
11. The applicant will be judged by his/her need and academic achievements.
12. Letters of recommendation may be submitted with the returned form.

Signature of Applicant _____ Date _____

AMVETS HOSPITAL AND SERVICE FOUNDATION
DEPARTMENT OF WISCONSIN
SCHOLARSHIP PROGRAM (\$500 EACH)

Applicant's Reply Form
Return To:

AMVETS HOSPITAL AND SERVICE FOUNDATION
PO Box 1713
Oshkosh, WI 54903-1713

INSTRUCTIONS TO THE APPLICANT

Eligibility for an AMVET Scholarship is based on the applicant's membership in AMVETS or the applicant's parent's, grandparent's or spouse's membership in AMVETS. An applicant must be a graduating high school senior or graduate who is an AMVET member in good standing or whose parent, grandparent or spouse is an AMVET or AMVET Auxiliary member in good standing or is a deceased member of AMVETS.

Please supply all information requested on this form. This application constitutes the primary basis of information upon which the judges and Hospital & Service Foundation will make their decision on whom is awarded a scholarship.

Please observe the following instructions:

1. Insert N/A on all lines that do not apply to you.
2. When completed you must sign this form. If the applicant is not an AMVET, then he/she must sign the form along with their parent, guardian or spouse.
3. The applicant must submit a transcript of his/her high school, tech. school, etc. grades.
4. ALL FORMS are then to be mailed in one envelope to the above address.

A. THE APPLICANT (Please type or print)

Name of Applicant			Date of Birth		
_____	_____	_____	____/____/____	____	____
Last	First	Middle	Month	Day	Year

Permanent Mailing Address

Street	City	State	Zip
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Description

____/____//____//____//____//____	____	____	____	____	____
_Male	Female	Height	Weight	Hair Color	Color of Eyes

B. SCHOOLING

List in order (beginning with most recent) schools attended in last 4 years.

School	Location	Principle	Years Attended
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When do you expect to or when did you graduate from high school?

Month _____ Day _____ Year _____

Which college do you plan to attend or are attending?

Name _____ Location _____

Other scholarships applied for,

What major course of study would you like to follow in college?

If you could do what you most desire, what kind of career choice would you make?

Do you plan to board at home while attending college? Yes _____ No _____

Are you eligible to receive federal benefits payable under the War Orphans Educational Program? Yes _____ No _____

C. FAMILY (NOTE: This information must be supplied.)

Father's Name _____ Living _____ Deceased _____

Mother's Name _____ Living _____ Deceased _____

Home Address _____

(Complete only for parent with military service)

Military Service: Dates – From _____ To _____

Branch of Service _____ Serial No./SSN. _____

Rank _____ Discharge Date _____

VA Claim No. _____ Amount of VA Disability _____

If deceased, date and place of death _____

D. CHILDREN IN YOUR FAMILY (Complete this only for children presently attending school or college. Please list all children, applicant first.)

Name	School	Cost	Scholsp.	Grd.	Publ./Priv. College
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E. APPLICANT'S TRANSCRIPT

Attach transcript from high school, tech. school, etc. that you've attended.

F. FINANCIAL STATUS STATEMENT

Name _____
Last First Middle Initial

Permanent mailing address

Your earnings for this last academic year _____

1. Please indicate if individual applicant is independent (over 19 years of age and earning their own living.) Yes _____ No _____.

2. If "YES", how many years/months has applicant been independent? _____

Anticipated family support while in college

Monies received from other Scholarships, Grant-in-aid programs, GI Bill, Vocational Rehabilitation, etc.

Financial resources of parent(s) or guardian(s)

If living with parent(s) or guardian(s),

Father's or guardian's income last year _____

Mother's or guardian's income last year _____

Father's occupation and business address _____

Mother's occupation and business address _____

Name(s), occupation(s) and business address(es) of guardian(s) _____

If married, spouse's income last year _____

Spouse's occupation and business address _____

If employed, your occupation and business address _____

G. ACTIVITIES AND INTERESTS

List in order of your interest, the 3 most important extracurricular activities (not jobs) during last 4 years or during your high school career.

Activity	Length of participation	Office held
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List any honors and distinctions received in school or out of school.

Do you have exceptional talent in any special field, such as art, music, science, literature, math, modern language, etc.? (Please cite specific examples.)

What military experience or educational interest, talent or activity has contributed most to your development and in what way?

What person(s) have been most influential in your life and in what ways?

Your signature if an AMVET or Sponsor's signature _____ Date _____

AMVETS Post # _____ City _____

Please check carefully to make sure you have filled in all of the blanks and answered fully and completely all of the applicable questions.

If you are not an AMVET or spouse of an AMVET, please have your parent(s) sign this form.

Father's signature _____ Mother's signature _____ Date _____

