



AMVETS National Ladies Auxiliary

COLLEGE SUPPORT SCHOLARSHIP

GUIDELINES AND ELIGIBILITY

The AMVETS National Ladies Auxiliary College Support Scholarship has been established to assist high school seniors in furthering their education and to reflect the interest and involvement of a National Service Organization and its members. Applications will be judged and scholarships awarded at the National Convention held during the month of August. A possible total of two (2) \$500 scholarships may be awarded at that time.

The applicant must be a son, daughter, step-child, grandchild or step-grandchild of a current member of the AMVETS Ladies Auxiliary and be a graduating high school senior who has been accepted to an accredited college or university.

CHECK LIST OF REQUIREMENTS

- The applicant must submit an essay 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), one (1) of which should be on official school letterhead, must be signed and dated (within one year of the date of application) by writers
- Authorized copy of his/her official high school transcript with accumulative grade average and an explanation of the grading system be received in a sealed envelope
- Copy of Ladies Auxiliary member's current membership card
- Completed copy of the Application Form
- Signed copy of the Privacy Act Form
- Letter of acceptance, on official school letterhead, from an accredited college or university

****ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 1.**

****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.**

JUDGING CRITERIA

Criteria for judging the elements in the candidate's dossier will be considered as follows:

- | | |
|--------------------|---|
| NEED – 45% | The information on the application form regarding the financial status of the applicant, the family, and the actual need of the applicant |
| SCHOLARSHIP – 15% | Scholastic transcript of semester average for all courses taken in previous semester(s) with an explanation of the grading system |
| AIM – 25% | The student paper (maximum 500 words; minimum 200 words) |
| PRESENTATION – 15% | Three (3) letters of reference as to student potential in regards to specialized field; must be signed and dated by the writer |

APPLICATION PROCESS

Applications must be sent to the AMVETS National Ladies Auxiliary Headquarters and postmarked no later than July 1. Transcripts must be postmarked by July 1. Applications will be disqualified if received after the deadline. All applications should be sent to:

AMVETS National Ladies Auxiliary Headquarters
ATTENTION: SCHOLARSHIP OFFICER
4647 Forbes Boulevard Lanham, MD 20706

Revised September 2021



AMVETS National Ladies Auxiliary
COLLEGE SUPPORT SCHOLARSHIP APPLICATION

(TYPE OR PRINT – ALL ITEMS MUST BE COMPLETED)

NAME: _____ PHONE: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 ADDRESS CITY STATE ZIP

BIRTHDATE: _____ AGE: _____ GRADUATION DATE: _____

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

NAME OF SCHOOL	DATES ATTENDED
_____	-
_____	-
_____	-
_____	-

**LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED IN, INCLUDING OFFICES HELD AND AWARDS RECEIVED.
 (USE ANOTHER SHEET IF NEEDED)**

NUMBER OF BROTHERS AND/OR SISTERS AND THEIR AGES:

NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____
NAME: _____	AGE: _____

JUDGING CRITERIA

APPLICANTS ANNUAL INCOME: _____ SOURCE: _____

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED:

PARENT/GUARDIAN OR SPOUSE INFORMATION

FATHER OR SPOUSE'S NAME:

ADDRESS:

ADDRESS

CITY

STATE ZIP

OCCUPATION:

ANNUAL INCOME:

MOTHER OR SPOUSE'S NAME:

ADDRESS:

ADDRESS

CITY

STATE ZIP

OCCUPATION:

ANNUAL INCOME:

APPLICANT'S CONTRIBUTION TOWARD COLLEGE EXPENSES:

PARENTAL/SPOUSE CONTRIBUTION TOWARD COLLEGE EXPENSES:

NAME OF AMVETS LADIES AUXILIARY MEMBER:

RELATIONSHIP TO APPLICANT:

AUXILIARY NUMBER AND STATE:

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.

APPLICANT'S SIGNATURE:

DATE:

PARENT/GUARDIAN/SPOUSE SIGNATURE:

DATE:

DEADLINE DATE: JULY 1 – SEND ALL APPLICATION FORMS TO:

**AMVETS NATIONAL LADIES AUXILIARY HEADQUARTERS
ATTENTION: NATIONAL SCHOLARSHIP OFFICER
4647 FORBES BOULEVARD
LANHAM, MD 20706-4380**

PLEASE READ AND SIGN PRIVACY ACT ON REVERSE SIDE.

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.

AUTHORIZATION TO RELEASE INFORMATION

I AUTHORIZE AMVETS NATIONAL LADIES AUXILIARY TO USE MY NAME AND STATE FOR PROMOTION AND PUBLICITY PURPOSES ONLY. WINNERS WILL BE REQUIRED TO PROVIDE THEIR SOCIAL SECURITY NUMBERS.

SIGNATURE:

DATE:

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 1.

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