AMVETS National Ladies Auxiliary

CAREER START SCHOLARSHIP APPLICATION

GUIDELINES AND ELIGIBILITY

The AMVETS National Ladies Auxiliary Career Start Scholarship has been established for members of AMVETS Ladies Auxiliary who are expanding, updating, and/or reentering the work force. Applications will be judged and scholarships awarded at the National Convention held during the month of August. A possible total of three (3) $500 scholarships may be awarded at that time.

The applicant must be a current member of the AMVET Ladies Auxiliary and must have completed at least one semester/quarter of study at an accredited technical school, business school, college, or university.

CHECK LIST OF REQUIREMENTS: Please Check Each Box

- ☐ The applicant must submit an essay with a minimum of 200 words not to exceed 500 words to 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 her official high school transcript with accumulative grade average and an explanation of the grading system
- ☐ Copy of applicant's current AMVETS Ladies Auxiliary membership card
- ☐ Completed copy of the Application Form
- ☐ Signed copy of the Privacy Act Form
- ☐ Complete Application (make sure the bottom of the application has the current year)

****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, PDF verified signatures are acceptable

APPLICATION PROCESS

Applications must be sent to the AMVETS National Ladies Auxiliary Headquarters and postmarked not 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
3309-11 Hubbard Road Hyattsville, MD 20785

Revised September 2025

AMVETS National Ladies Auxiliary

CAREER START SCHOLARSHIP APPLICATION

(TYPE OR PRINT – ALL ITEMS MUST BE COMPLETED)

NAME: _____ TELEPHONE: _____

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

_____

_____

_____

_____

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

_____

_____

_____

_____

FINANCIAL INFORMATION

APPLICANTS ANNUAL INCOME: **SOURCE:**

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED:

COURSE COST/SESSION: **ESTIMATED COST LIVING EXPENSES:**

OTHER HOUSEHOLD INCOME AND HOW DERIVED:

DEPENDENTS (LIST FIRST NAME AND AGE OF EACH DEPENDENT:

SPOUSE INFORMATION

SPOUSE'S NAME:

ADDRESS:

ADDRESS **CITY** **STATE** **ZIP**

OCCUPATION:

APPLICANT'S ANNUAL INCOME: **SPOUSES MONETARY ASSISTANCE:**

TUITION COST FOR YEAR OR SEMESTER: YEAR: **SEMESTER:**

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:**

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

AMVETS NATIONAL LADIES AUXILIARY HEADQUARTERS
ATTENTION: NATIONAL SCHOLARSHIP OFFICER
3309-11 Hubbard Road
Hyattsville, MD 20785

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

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. WINNERS WILL BE REQUIRED TO PROVIDE 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.