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, stepchild, grandchild or step-grandchild of a current member or 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: 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), 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, PDF verified signatures are acceptable
- ☐ Authorized copy of his/her official high school transcript with accumulative grade average and an explanation of the grading system; transcript may be electronically sent
- ☐ 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
- ☐ Complete Application (most recent revised date)

****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 or electronically sent 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
P.O. Box 29, Millersville MD 21108-9998

Revised September 2026

AMVETS National Ladies Auxiliary

COLLEGE SUPPORT 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)

NUMBER OF BROTHERS AND/OR SISTERS: _____ **NUMBER OF SIBLINGS IN COLLEGE:** _____

JUDGING CRITERIA

APPLICANTS ANNUAL INCOME: **SOURCE:**

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED:

Revised September 2026

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
P.O. Box 29, Millersville MD 21108-9998

****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 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.