AMVETS National Ladies Auxiliary
TRADE SCHOLARSHIP APPLICATION

GUIDELINES AND ELIGIBILITY

The AMVETS National Ladies Auxiliary Trade Scholarship has been established for those who are entering the trades. The applicant must be an Auxiliary member, or the son, daughter, step-child, grandchild or step-grandchild of a current member of the AMVETS Ladies Auxiliary who has been accepted into an accredited trade school. 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 current member of the AMVETS National Ladies Auxiliary or the son, daughter, stepchild, grandchild or step-grandchild of a current member of the AMVETS Ladies Auxiliary** and must have been accepted at an accredited trade school.

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 the applicant's official high school transcript with accumulative grade average and an explanation of the grading system
- ☐ Copy of AMVETS Ladies Auxiliary member's current 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 (minimum 200 words, maximum 500 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

AMVETS National Ladies Auxiliary
TRADE 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:

PARENT/GUARDIAN OR SPOUSE INFORMATION

FATHER OR SPOUSE'S NAME:

ADDRESS:

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

OCCUPATION:

MOTHER OR SPOUSE'S NAME:

ADDRESS:

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

OCCUPATION:

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

FIELD OF STUDY: _____

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

NUMBER OF BROTHERS AND/OR SISTERS: _____

NUMBER ATTENDING 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.

APPLICANT'S 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

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

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.