AMVETS LADIES AUXILIARY SCHOLARSHIP APPLICATIONS

LOCAL AUXILIARY & DEPARTMENT

APPLICATION (REVISED-JULY 1999)

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last) (first) (middle)

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(street) (city) (state) (zip)

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_\_\_\_

(month) (day) (year)

SINGLE\_\_\_\_\_MARRIED\_\_\_\_\_NO. OF CHILDREN\_\_\_\_\_

PARENT’S OR GUARDIAN'S FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S OR GUARDIAN'S ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S OR GUARDIAN'S OCCUPATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) (yearly income)

MOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) (yearly income)

GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) (yearly income)

SPOUSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) (yearly income)

SELF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(occupation) (yearly income)

NO. OF BROTHERS OR SISTERS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO. IN COLLEGE\_\_\_\_\_\_\_\_\_\_\_\_

HOW DO YOU PLAN ON FUNDING YOUR TUITION COSTS/EXPENSES FOR THE YEAR?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SOURCE OF SUPPORT: WHO CONTRIBUTES THE MAJOR PORTION OF YOUR SUPPORT?

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICATION- I/WE CERTIFY THAT ALL THE 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

**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. NON PROVIDING ALL OR PART OF THE REQUESTED INFORMATION MAY RESULT IN APPLICANT NOT BEING FULLY CONSIDERED FOR THIS AWARD.

**AUTHORIZATION TO RELEASE INFORMATION**

EXCEPT AS SPECIFIED BELOW, ALL PERSONAL INFORMATION CONTAINED IN MY APPLICATION FOR THE AMVETS LADIES AUXILIARY SCHOLARSHIP MAY BE USED BY THE AWARD SPONSOR FOR PROMOTION AND PUBLICITY PURPOSES.

EXCEPTIONS:

(SPECIFY PERSONAL INFORMATION WHICH YOU DON’T WANT RELEASED.)

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SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_