



**AMVETS LADIES AUXILIARY
DEPARTMENT of MISSOURI**

PLEASE TYPE OR PRINT -- ALL ITEMS MUST BE COMPLETED

NAME _____ TELEPHONE _____
 LAST FIRST MIDDLE

ADDRESS _____
 ADDRESS CITY STATE ZIP

BIRTHDATE _____ MARITAL STATUS _____

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

LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED IN, INCLUDING OFFICES HELD AND AWARDS RECEIVED

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

JUDGING CRITERIA

APPLICANTS INCOME _____ SOURCE: _____

OTHER SCOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED: _____

COURSE COST/SESSION _____ ESTIMATED COST OF LIVING EXPENSES: _____

OTHER HOUSEHOLD INCOME AND HOW DERIVED: _____

NUMBER OF 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: _____ **ANNUAL INCOME:** _____

MOTHER OR SPOUSE'S NAME: _____

ADDRESS: _____

ADDRESS

CTY

SATE

ZIP

OCCUPATION: _____ **ANNUAL INCOME:** _____

PARENTAL/SPOUSE CONTRIBUTION TOWARD COLLEGE EXPENSES: _____ **APPLICANTS ANNUAL INCOME:** _____

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

NUMBER OF BROTHERS AND SISTERS OR CHILDREN AND AGES OF SAME: _____

NUMBER IN 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.

APPLICANTS SIGNATURE _____ **DATE** _____

PLEASE READ AND SIGN THE PRIVACY ACT

USE THIS SPACE TO COMPLETE QUESTIONS ON PREVIOUS PAGES, OR FOR COMMENTS NECESSARY FOR SPECIAL CONSIDERATIONS:
