



AMVETS Department of Massachusetts



AMVETS and AMVETS Ladies Auxiliary Scholarship Form

This application will be the only one considered for Scholarship

Scholarship Program : This application and school records will constitute the primary basis of information upon which awards will be evaluated by the AMVETS and AMVETS Ladies Auxiliary Committee.

Selection of Winners : The application will be judged on the basis of the following criteria. Transcripts of marks, S.A.T. scores, Graduate records. Also, School Leadership, Activities records and or work experience and Financial need. Winners will be announced at State Convention. Recipients will be notified by mail following State Convention.

Who is Eligible: Any high school senior or college or post secondary school student whose parents or grandparents are a member in good standing, or a deceased member of the AMVETS or AMVETS Ladies Auxiliary Department of Massachusetts. AMVETS and AMVETS Ladies Auxiliary members are also eligible.

Each Scholarship Provides : The amount of the Scholarship will be determined at the discretion of the current Scholarship Committee. The Scholarship will be made payable to the student upon proof of enrollment.

With the assistance of your parents or guardian, complete this application. See your student counselor and get copies of your **A. Transcript of your marks B. Leadership and Activities records. Be sure to have items A & B notarized at your school.** You and your parents or guardian and your AMVETS sponsor must sign this form. Be sure to have this application **Mailed to AMVETS Department of Massachusetts, State House Room 546-3 Boston, MA 02133-1048 or Faxed to 1-617-727-2973.**

Post marked by April 15

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: ____-____-19____ Social Security Number: ____-____-____

Mailing Address: _____
City: _____ State _____ Zip _____

List in order, beginning with the present year, the last Four (4) schools attended:

1. _____
2. _____
3. _____
4. _____

When do you expect to graduate? Month / Year _____

Which college, preparatory school or vocational school do you plan to attend?

Name: _____ City: _____ State: _____

What school have you applied to?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

What schools have accepted you?

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

What will be your Major? _____

What kind of career choice would you make? _____

Where do you plan to live while attending college, preparatory school or vocational school?

Fathers Name: _____ Living: _____ Deceased: _____

Mothers Name: _____ Living: _____ Deceased: _____

List jobs, including summer employment, you have held in the past three (3) years.

Include the nature of the work, name of the employer, average hours worked each week and the total earnings.

List Honors and Distinctions won in or outside of school, and who they were received from:

List in order of your interest, the three (3) most important extra curricular activities (not Jobs).

Include the type of activities, for how long, positions held if any.

1. _____

2. _____

3. _____

Do you have exceptional talent in any special field, such as Art, Music, Science, Literature, Mathematics, etc. Please cite examples. _____

What educational interest, talent or activity has contributed most to your development?

Applicant's available resources for the coming year?

From Parent's \$ _____
From Applicant's earnings or savings \$ _____
From others sources \$ _____
From known Scholarships \$ _____

What do you estimate the cost for one (1) year of college, preparatory school or vocational school?

Tuition Fee \$ _____ Books \$ _____ Other \$ _____ TOTAL \$ _____

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To be filled out by your AMVETS Sponsor:

Sponsors Name: _____

Membership Number # _____ **Post #** _____

Relationship to Applicant _____
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PRIVACY ACT ADDENDUM - Scholarship Application

Applicant should review information requested. None of this 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 may result in an applicant not being considered for this award.

Authorization to Release Information

Except as specified below, all personal information contained in my application for the AMVETS and AMVETS Ladies Auxiliary Department of Massachusetts Scholarship may be used by the award sponsor for promotional and publicity purposes. Exceptions (specify personal information which you do not want released. If none state None)

Signature of Applicant: _____ **Date:** _____

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Sponsor: _____ Date: _____

PLEASE CHECK CAREFULLY THAT YOU HAVE COMPLETED THE ENTIRE APPLICATION

To the best of my knowledge all answers on this application are complete and truthful.

Signature of Applicant _____ Date _____

Be sure you have this application, transcripts of marks, personality leadership and activity records and other statements that may be helpful. POST MARKED by APRIL 15

Mail to: AMVETS and AMVETS Ladies Auxillary Scholorship

Department of Massachusetts

State House Room 546-3

Boston, MA 02133-1048

OR Faxed to: 617-727-2973