

SCHOLARSHIP APPLICATION
Sons of AMVETS Department of Ohio

INSTRUCTIONS:

The Sons of AMVETS Department of Ohio Scholarship program provides opportunities for advanced education for the Sons of AMVETS, wives of Sons of AMVETS, the sons/daughters, grandsons/granddaughters of Sons of AMVETS who desire to attend an institution of higher learning. The Sons of AMVETS Scholarship Award is based upon the applicants' scholastic aptitude and demonstration of financial need.

The Sons of AMVETS Department of Ohio Scholarship is for students who are entering or enrolled in an accredited College, University, Junior College, Community College, Trade and/or Technical School and wish to further their education. The Scholarship award is in the total amount of \$500.00

PAYABLE IN A GRANT OF \$500.00 AND ONLY APPLIED TOWARD THE STUDENTS TUITION

ALL APPLICANTS:

The following items must be received with your application to be considered by the Sons of AMVETS Scholarship Committee.

1. Copy of eligible Sons of AMVETS Membership card and application;
2. Brief autobiographical statement outlining why you desire the Sons of AMVETS Scholarship and what your projected goals are in life;
3. Transcript of High School Grades;
 - a. Transcript of College grades (College students applying);
4. A black and white photo or good quality color picture;
5. If application is for a Sons of AMVETS member, list Squadron Info:

Squadron Name and Number

City

**FAILURE TO SUBMIT THE AFOREMENTIONED ITEMS BY APRIL 1 WILL RESULT IN
DISQUALIFICATION OF YOUR APPLICATION:**

**IT IS ALSO THE RESPONSIBILITY OF THE APPLICANT TO SEND THIS APPLICATION TO
THE CORRECT ADDRESS: THE SCHOLARSHIP COMMITTEE WILL NOT BE RESPONSIBLE
FOR LOST APPLICATIONS OR APPLICATIONS MAILED TO THE WRONG ADDRESS.**

SCHOLARSHIP APPLICATIONS AND PHOTOS CANNOT BE RETURNED

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STUDENT DATA:

| | | | | |
|--------------|------------|---------|---------------|---------------------------------|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> Male |
| Last Name | First Name | Initial | Date of Birth | <input type="checkbox"/> Female |
| _____ | _____ | _____ | _____ | |
| Address | City | State | Zip Code | |
| _____ | | | | |
| Phone Number | | | | |

STUDENT EDUCATION INFO:

| | | | | |
|-----------------------------|-------|-------|-----------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| High School or College Name | | Phone | | |
| _____ | _____ | _____ | _____ | _____ |
| Address | City | State | Zip Code | |
| _____ | _____ | _____ | _____ | _____ |
| Graduation Date | GPA | Rank | Number in Class | |

LIST HONORS AND DISTINCTIONS:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

COLLEGE/UNIVERSITY:

| | | | |
|---|--------------|-------|----------|
| _____ | _____ | | |
| Name of School accepted to or enrolled in | Phone Number | | |
| _____ | _____ | | |
| Address | City | State | Zip Code |
| _____ | _____ | _____ | _____ |
| Major Course of Study you plan to Follow | GPA | | |
| _____ | _____ | | |

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ELIGIBILITY:

I am eligible for the Sons of AMVETS Department of Ohio Scholarship due to the membership of:

Name of Sons of AMVETS Member applying under

Phone Number

Address

City

State

Zip Code

Squadron Name and # (Remember to attach copy of his membership card)

List any Grants and Scholarships you will receive and value;

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

- | | |
|--|--|
| 1. Total monetary value of all scholarships & grants | \$ _____ |
| 2. Amount of financial aid you will receive from family | \$ _____ |
| 3. Amount you have saved for your education | \$ _____ |
| 4. Total of other financial support you will receive | \$ _____ |
| 5. Total financial support available (Add lines 1 – 4) | \$ _____ |
| 6. Are you as a student, listed on your parent's income tax return as a dependent? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If the answer to line 6 is yes or line 2 is greater than 0, the parental financial section must be completed.

If the answer to line 6 is no, proceed to line 7, 8 and 9.

- | | |
|---|----------|
| 7. List the Name of your employer or your spouses employer | _____ |
| 8. List your adjusted gross income from you most recent federal income tax return | \$ _____ |
| 9. If married filling separately list your spouses adjusted gross income | \$ _____ |

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PARENTAL FINANCIAL STATEMENT:

| | | | |
|-----------------------|-------------------------|-----------------------|-------------------|
| _____ Fathers Name | _____ Marital Status | _____ Phone Number | |
| _____ Address | _____ City | _____ State | _____ Zip Code |
| _____ Mothers Name | _____ Marital Status | _____ Phone Number | |
| _____ Address | _____ City | _____ State | _____ Zip Code |

Write SAME if parent's address is the same

| | |
|--|----------|
| Parents adjusted gross income from you most recent federal income tax return | \$ _____ |
| List both parents adjusted gross income if filling separately | \$ _____ |

CERTIFICATION

I CERTIFY THAT THE PROCEEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO ABIDE BY THE RULES ESTABLISHED BY THE SONS OF AMVETS DEPARTMENT OF OHIO SCHOLARSHIP COMMITTEE, AND I AM COGNIZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE ARE FINAL. I FURTHER HEREBY AUTHORIZE THE SONS OF AMVETS DEPARTMENT OF OHIO HEADQUARTERS, ITS AGENTS AND REPRESENTATIVE TO USE MY NAME AND PICTURE IN THE REGARD TO PUBLICATIONS RELATIVE TO THE SONS OF AMVETS DEPARTMENT OF OHIO.

| | |
|-------------------------------|---------------|
| _____ APPLICANTS SIGNATURE | _____ DATE |
|-------------------------------|---------------|

IF APPLICANT IS UNDER 18 YEARS OF AGE, THE APPLICATIONS PARENT OR GUARDIAN MUST ALSO SIGN

| | |
|---------------------------------------|---------------|
| _____ PARENT OR GUARDIAN SIGNATURE | _____ DATE |
|---------------------------------------|---------------|

Complete all the questions and return to:

Sons of AMVETS Department of Ohio
960 CHECKREIN AVE.
Columbus, OH 43229

***** NOTICE *****

All applications must be in the Hands of
the Scholarship Committee by:

APRIL
30th
NO EXCEPTIONS