

**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/granddaughter 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 educations. The Scholarship is award 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 by the office 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 whit photo or good quality color picture.
5. if application is for a Sons of AMVETS member, list Squadron Info:

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Squadron Name and Number

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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 SPPLICATIONS MAILED TO THE WRONG ADDRESS.**

**SCHOLARSHIP APPLICATIONS AND PHOTOS CANNOT BE RETURNED**

*STUDENT DATA:*

Male  
 Female

_____	_____	_____	_____
Last Name	First Name	Initial	Date of Birth
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____		
Phone Number	Social Security Number		

*STUDENT EDUCATIONAL INFO:*

_____			_____
High School or College Name			Phone Number
_____	_____	_____	_____
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

**ELIGIBILITY:**

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

\_\_\_\_\_  
Name of Member applying under

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

*Student Financial Information:*

List any Grants or Scholarships you will receive and Value

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

- |   |  |
|---|--|
| 1. Total momentary 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 parents income tax return as a dependent? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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          | \$ _____ |

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 parents 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 OT 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 COGNZANT THAT ALL DECISIONS RENDERED BY THIS COMMITTEE ARE FINAL. I FURTHER HEREBY AUTHORIZED THE SONS OF AMVETS DEPARTMENT OF OHIO HEADQUARTERS, ITS AGENTS AND REPRESENTATIVE TO USE MY NAME AND PICTYRE 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 an return to:  
Sons of AMVETS Department of Ohio  
Suite 107  
1395 E. Dublin-Granville RD.  
Columbus, OH 43229

\*\*\*\*\* NOTICE \*\*\*\*\*

All applications must be in the Hands of  
the Scholarship Committee by:  
APRIL 1<sup>ST</sup>  
NO EXCEPTIONS