AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION SCHOLARSHIP
(CONNECTICUT AMVETS SERVICE FOUNDATION)
APPLICATION FORM

Selection is based on merit. Scholarship funding is provided by the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION.

Address all correspondence to: Connecticut AMVETS Service Foundation
P.O. Box 1635
Wallingford, CT 06492

Applicant Category – Please check all applicable categories
☐ Graduating high school senior or person continuing college or Technical Education as indicated below.
☐ AMVETS member
☐ AMVETS Auxiliary member
☐ Son of AMVETS member
☐ Son of an AMVETS Auxiliary Member or Sons of AMVETS
☐ Daughter of AMVETS, AMVETS Auxiliary Member or Sons of AMVETS
☐ Grandson of AMVETS, AMVETS Auxiliary Member or Sons of AMVETS
☐ Granddaughter of AMVETS, AMVETS Auxiliary Member or Sons of AMVETS

Name of the person associated with AMVETS in which application is submitted:
Member Name ____________________________________________

Post Affiliation - Post # _______ or MAL ____________________

Relationship to applicant ____________________________________

INCOMPLETE APPLICATIONS WILL NOT RECEIVE CONSIDERATION. The AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION personnel are not responsible for acquiring any data or forms for applicants. Do not include materials not specifically requested, such as resumes, recommendations, etc. There are no provisions for eligibility criteria waivers and scholarship applications cannot be returned.

Required materials:
1) High School or College Transcripts
2) ACT or SAT scores (For Graduating High School Seniors only)
3) Required essay (300 words) Submission of a document of 300 words pertaining to Americanism which shall be pertinent to subjects related to AMVETS. Subjects shall include, but are not restricted to: Government, American History, American Flag, Military History, and Politics. Essays should be original. Applicants should express in their own words and should refrain from copying History from books.
4) Accredited school acceptance letter
5) Each applicant must file a Financial Aid Form, (FAF). The Financial Aid Form can be obtained at https://fafsa.ed.gov/ [FAFSA Filing Options] or from your high school counselor or the Financial Aid Office of the college you plan to attend. This form is then returned to the Financial Aid Officer of the college you plan to attend.

ALL APPLICATIONS MUST BE COMPLETED AND REQUIRED MATERIAL MUST BE ENCLOSED IN THE SAME ENVELOPE AND POSTMARKED ON OR BEFORE THE DEADLINE DATE OF APRIL 17, 2019.
The scholarship you are applying for is one year in duration.
PLEASE PRINT LEGIBLY OR TYPE

Applicant’s Full Legal Name (Last, First, Middle)

Date of Birth (Month, Day, Year)

Marital Status Age Sex

Permanent Mailing Address Number/ Street

City, State, Zip Code (___) __________ Area Code and Telephone

List in order (beginning with the current school year) schools attended in the last four years

NAME OF SCHOOL LOCATION DATES ATTENDED

Indicate here your cumulative G.P.A.: High School College

High School Graduation Date (Month, Day, Year)

S.A.T. Score A.C.T. Score

Other (Specify)

Honors and Awards received

List the three most important extra-curricular activities (not jobs) during high school or college.

List any summer or part time jobs held during high school or college

List the college/university, trade or technical school that you have been accepted.
(Include Address, City, State, Zip Code and Telephone Number)

What major course of study do you plan to follow?
PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (Public Law 93-579) requires that certain information in connection with this request be given to you. In accordance with the requirements of the Act, please be advised:

1. The authority for collection of this data is Public Law 93-642.
2. Submitting the required information is voluntary.
3. The main purpose for which the data is used is the selection of scholarship winners in the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION Scholarship program.
4. Other routine use of data for news releases.
5. Failure to complete the forms will mean that you cannot be included among those applicants being considered for awards in the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION Scholarship Program.

CERTIFICATION

I certify that the information supplied is true and correct to the best of my knowledge. I agree to abide by the rules established by the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION Scholarship Committee and am cognizant that all decisions rendered by this committee are final. I further give consent to AMVETS to use photographs (or other likeness), or statements for publicity purposes.

DATE ______________________ STUDENT’S SIGNATURE  __________________________________

If applicant is under 18 years of age, the applicant’s parent or guardian must also sign

DATE ______________________ SIGNATURE  _____________________________________________
(Parent or Guardian)

FINANCIAL STATUS STATEMENT

This statement is to be used to demonstrate the financial resources and financial need of the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION SCHOLARSHIP applicant and applicant’s family, and will be verified against the Financial Aid Form signed by the College Financial Officer.

PRINT LEGIBLY OR TYPE

1. NAME  ___________________________________________________________________________
   (Last, First, Middle)

2. PERMANENT MAILING ADDRESS  _____________________________________________________
   (Street number)

   (City, State, Zip Code)   (Area Code and Telephone)

3. Father’s Name and address  __________________________________________________________

4. Mother’s Name and address  _________________________________________________________

5. Name(s), occupation(s) and business address of guardian  if applicable

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
6. Number and ages of brothers and sisters dependent on parental support.

_________________________________________________________________________________
_________________________________________________________________________________

7. Family Income:

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<thead>
<tr>
<th>Name</th>
<th>Occupation</th>
<th>Annual Gross Income</th>
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</thead>
<tbody>
<tr>
<td>Student</td>
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<td></td>
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<tr>
<td>Father</td>
<td></td>
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<tr>
<td>Mother</td>
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<tr>
<td>Guardian</td>
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<td></td>
</tr>
<tr>
<td>Spouse</td>
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</tr>
</tbody>
</table>

8. Estimated Income and Expense:

A. Scholarships and loans which you anticipate receiving or have applied for, which will cover the period of aid requested in this scholarship application.

<table>
<thead>
<tr>
<th>Source</th>
<th>Dates (From-To)</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied For</td>
<td></td>
<td></td>
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<tr>
<td>Received</td>
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</tbody>
</table>

B. The following information should be submitted for the same period as aid is requested.

ESTIMATED INCOME          ESTIMATED EXPENSE
Personal Savings          Tuition and fees
Total earnings            Books and material
Aid from parents or guardian Board
Income from spouse Room
Aid from relatives Lunches and Travel
Aid from any other persons Commuting
Loans Other
Scholarships received
Social Security
Veterans Benefits
Welfare Aid

Total Income $  Total Expenses $
9. Please indicate whether living accommodations are:

University Housing _______ Parents Home _______ Other ________

10. Financial Aid Officer’s statement:

MUST BE SIGNED BY COLLEGE /INSTITUTION FINANCIAL AID OFFICER

Signed: ______________________________________________________________

Print Name: __________________________________________________________

Title: __________________________________________________________________

College/Institution: ______________________________________________________

Date: ______________________________

11. List any Volunteer work that you have been involved with.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

12. Applicant’s Statement:

In submitting this application, I hereby certify that:

❖ I am in need of this scholarship aid to continue my schooling

❖ I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board, room, required materials or books.

❖ The information submitted in this application is complete and correct and I agree to inform the AMVETS DEPARTMENT OF CONNECTICUT SERVICE FOUNDATION of any change in my financial circumstances.

DATE ______________________ STUDENT’S SIGNATURE ______________________________

If applicant is under 18 years of age, the applicant’s parent or guardian must also sign

DATE ______________________ SIGNATURE ________________________________________

(Parent or Guardian)

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