

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.

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***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)

\_\_\_\_\_ 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? \_\_\_\_\_

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**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**7. Family Income:**

	Name	Occupation	Annual Gross Income
Student	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____
Spouse	_____	_____	_____

**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.

Source	Dates (From-To)	Annual Amount
_____		
Applied For _____	Received _____	
_____		
Applied For _____	Received _____	
_____		
Applied For _____	Received _____	
_____		
Applied For _____	Received _____	

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 _____	
Other _____	
<b>Total Income \$</b> _____	<b>Total Expenses \$</b> _____

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**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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