## 2023-2024

#### IOWA DEPARTMENT OF AMVETS

#### SCHOLARSHIP APPLICATION

Given on an annual basis <u>only</u> to graduating high school seniors, Iowa AMVETS Award One (1) Scholarships in an amount of \$2,000.00 each or an amount, which does not exceed the interest our funds, provide.

The Scholarships may be used at any accredited college, university, area community technical or trade school.

There are no restrictions as to course of study.

Applicants must be the son, daughter or grandchild of a current Iowa AMVET or new Iowa AMVET member. Stepchildren, foster children, and other children dependent upon the member for support and living with the member in regular parent-child relationship, are eligible. A deceased member's child is also eligible.

An endorsement from the sponsoring Iowa Post must be included. Posts may have more than one applicant.

This application must be returned, together with a copy of your transcript *of* .grades, grade point average, rank in class and ACT/SAT scores on or before **April 1**, **2024**, to the:

Scholarship Selection Committee

lowa Department of AMVETS

P.O Box 474.

Denver, IA 50622

All information given in the application will be held strictly confidential.

It is expected that scholarship recipients be a guest at our Annual Department Convention in order to be recognized. Recipients are allowed two (2) complimentary guests.

\*Any honorably discharged Veteran is eligible for membership in AMVETS. Please see attached Membership Application. For further information, call 1-319-287-3905

# 2023-2024

### IOWA DEPARTMENT OF AMVETS SCHOLARSHIP APPICATION

Applicant's Name			_
Current Address			
(City)	(State)	(Zip)	_
Social Security Number_			
Phone Number			
High School			
(City)	(State)	(Zip)	_
College Choice:			
Please explain below you	r course of study in college and y	our educational goals:	

## ENCLOSED IN THE SAME ENVELOPE AND POSTMARKED ON OR BEFORE THE APPLICATIONS DEADLINE CF APRIL 1. 2024.

## Please complete enclosed Financial Report (Parent/Student) FINANCIAL STATUS STATEMENT

This statement is to be used to demonstrate the financial resources and financial need of the Iowa AMVETS State Scholarship applicant and the applicant's family.

### **Please Print Legibly or Type**

Name				
Are you independent, residing apart from your parents and earning a living?  Yes No  If "Yes" how many months have you been independent?				
Mothers name and address				
Names and address of guardian (if applicable)				
Names (and ages) of brothers and sisters dependent upon parental support				
FAMILY INCOME:  Name Occupation Annual Gross Salary				
Applicant				
Father				
Mother				
Guardian				
Spouse				
APPLICANT'S STATEMENT  In submitting the application, I hereby certify that I am in need of this scholarship aid to peruse my college work.  I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board, room, required materials or books.  I can be present at the Awards Ceremony.  The information submitted in this application is complete and correct, and I agree to inform the committee of changes in my financial circumstances.				
SignedDate				

### ALL COMPLETED APPLICATIONS AND REQUIRED MATERIALS <u>MUST</u> BE SIGNED

### FINANCIAL STATUS STATEMENT

Estimated income and expenses:

The following information concerns your first year attendance of college/university.

YEARLY ESTIMIATED EXPENSES	YEARLY ESTIMIATED INCOME
Tuition and fees	
	Personal savings
Books and materials	
5	Applicant's Employment
Board	At 16 constant
Room	Aid from parents or
Please indicate living	Guardian
Accommodations	Aid from spouse
Accommodations	Ald Irom spouse
University housing	Aid from other
Parents home	relatives
Other (explain)	
	Loans
Lunches, travel	
Expenses	Other Scholarships
_	
Personal and	Grants
recreation	Social' Security
	Social Security
	Veterans benefits
	Welfare aid
	Other resources
TOTAL ESTIMATED	TOTAL ESTIMATED
EXPENSES	INCOME
TOTAL ESTIMATED EXPENSES	
TOTAL ESTIMATED INCOME	
TOTAL DIFFERENCE NEEDED	

What are your career plans upon completion of your education?
In a brief paragraph, describe your reasons for applying for this Scholarship:
In what activities, organizations, or clubs have you been active?
List any special honors or awards you have received.

I certify that the information given above, which you are authorized to verity, is true and correct; and I agree to notify authorized persons of any material change in the facts as stated. This application shall remain the property of the Iowa AMVET Scholarship Selection Committee whether approved, not approved, or withdrawn. I authorize the High School attended to release copies of *my* transcript to the Scholarship sponsor.

(Mr./ Ms.)			Date	
Signature of Parent or Guardian		Date		
Applicant's parent (or g at time of death).	uardian) who is a membe	r of the Iowa	AMVETS (or v	vas a member
Name				
(First)	(Middle)		(Last)	
	and information for three u for several years, possi			
<u>Name</u> .		<u>Age</u>	Occupation_	
(Stree	t)	(City)		(Zip)
<u>Name</u> .	,	( • • • • • • • • • • • • • • • • • • •	Occupation_	
(Stree		(City)		
<u>Name</u> .	<i>y</i>		Occupation_	
(Stree		(City)		
`	Ŋ	(City)		(ZIP)
Date:	Signatur	e of Applican		

I declare that I have read this application as completed, and to the best of my knowledge and belief, the information and answers given are complete and correct. I approve of this application for a Scholarship.

### VERIFICATION OF ELIGIBILITY FOR AN

#### IOWA ANVETS SCHOLARSHIP

To be completed by the appl	ant:
Name of Iowa AMVET	Post #
The applicant is a	<ul> <li>( ) Son</li> <li>( ) Daughter</li> <li>( ) Grandchild</li> <li>( ) Stepson</li> <li>( ) Stepdaughter</li> <li>( ) Foster child</li> <li>( ) Other dependent</li> </ul>
To be completed by the	
The AMVET named al	ove is either a living or deceased member of this Post?
() Yes	
( ) No	
	(Signature)
	(Post)
Comments?	