



Department of Iowa AMVETS Ladies Auxiliary Scholarship

GUIDELINES AND ELIGIBILITY

1. The Department of Iowa AMVETS Ladies Auxiliary Scholarship has been established to recognize and reward the need, academic achievement, and potential of students; to stimulate recruitment of qualified candidates for careers in our society today. Scholarships will be judged and awarded at the Department of Iowa Convention, held during the month of June.

2. The applicant must be a current member of the AMVETS Ladies Auxiliary or a son/daughter, stepson/daughter or grandchild, step grandchild of a current member of the AMVETS Ladies Auxiliary, AMVETS, or Sons of AMVETS.

CHECK LIST OF REQUIREMENTS

- ✓ The applicant must submit an essay of not more than 500 words nor less than 200 words about himself/herself. It should include past accomplishments, career and educational goals, and objectives for the future.
- ✓ TWO (2) letters of recommendation (excluding family members) must be signed and dated (within one year of the date of application) by writers.
- ✓ Authorized copy of his/her most current transcript with cumulative grade average and an explanation of the grading system.
- ✓ Copy of AMVETS, Ladies Auxiliary, or Sons of AMVETS member's current membership card.
- ✓ Completed copy of the Application Form.
- ✓ A letter of acceptance, on school letterhead, from an accredited college or university is required.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN April 1
EVERY LINE MUST BE COMPLETED. WRITE N/A IF NOT APPLICABLE TO YOU.
IF ALL REQUIREMENTS ARE NOT MET, THIS APPLICATION SHALL NOT BE CONSIDERED.

JUDGING CRITERIA

Criteria for judging the elements in the candidate's dossier will be considered as follows:

NEED - 15% The information on the application form regarding the financial status of the applicant, the family, and the actual need of the applicant

SCHOLARSHIP - 25% Scholastic transcript of semester average for all courses taken in previous semester(s) with an explanation of the grading system.

AIM - 45% The student essay (maximum 500 words; minimum 200 words)

PRESENTATION - 15% Two (2) letters of reference as to student potential regarding specialized field; must be signed and dated by the writer.

APPLICATION PROCESS

With this application form, please submit the following:

1. Proof of your eligibility to apply for this scholarship.
2. Transcripts of your record in your studies
3. An essay of the reasons you have chosen this course of study, must be typewritten.
4. An outline of your extra-curricular activities, including participation in sports, class, and school offices to which elected or appointed, and honors won, in and out of school.
5. Two letters of recommendation

Students applying will be notified in May of the results.

SCHOLARSHIP APPLICATION

(TYPE OR PRINT - ALL ITEMS MUST BE COMPLETED)

NAME: _____

FIRST

LAST

TELEPHONE: _____ E-MAIL _____

ADDRESS: _____

ADDRESS

CITY

STATE

ZIP

BIRTH-DATE: _____ MARITAL STATUS: _____

LIST YOUR EDUCATIONAL HISTORY BEGINNING WITH HIGH SCHOOL THROUGH WHERE YOU ARE NOW ENROLLED.

NAME OF SCHOOL DATES ATTENDED DATE GRADUATED/CERTIFICATE GRANTED

NAME OF SCHOOL	DATES ATTENDED	DATE GRADUATED/CERTIFICATE GRANTED

LIST ALL COMMUNITY ACTIVITIES IN WHICH YOU HAVE PARTICIPATED IN, INCLUDING OFFICES HELD AND AWARDS RECEIVED. (USE ANOTHER SHEET IF NEEDED)

LIST TYPES OF EMPLOYMENT AND PERIODS OF UNEMPLOYMENT IN THE PAST SHOWING INCOME, LENGTH OF EMPLOYMENT AND/OR REASONS FOR PERIOD OF UNEMPLOYMENT. (USE ANOTHER SHEET IF NEEDED)

JUDGING CRITERIA

APPLICANTS ANNUAL

Estimated INCOME: _____ SOURCE: _____

OTHER SCHOLARSHIPS, FINANCIAL ASSISTANCE AWARDED, and/or SAVINGS:

Estimated COURSE COST/SESSION: _____

ESTIMATED COST OF LIVING EXPENSES: _____

NUMBER OF DEPENDENTS, if applicable (LIST FIRST NAME AND AGE OF EACH DEPENDENT)

PARENT/GUARDIAN OR SPOUSE INFORMATION

FATHER OR SPOUSE'S NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

MOTHER OR SPOUSE'S NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF AMVETS, AMVETS LADIES AUXILIARY, Sons of AMVETS MEMBER:

ELIGIBILITY (Relationship to applicant): _____

HOME POST # CITY AND STATE: _____
(Example: #79 Waverly, Iowa)

CERTIFICATION - I/WE CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF OUR/MY KNOWLEDGE. I/WE AGREE TO PROVIDE, IF REQUESTED, ANY OTHER DOCUMENTATION NECESSARY TO VERIFY INFORMATION REPORTED. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL, REDUCTION, OR WITHDRAWAL OF THE SCHOLARSHIP OFFERED.

APPLICANT'S SIGNATURE: _____

DATE: _____

DEADLINE DATE: April 1 - SEND ALL APPLICATION FORMS TO:

**Cheryl Davis Sauerbrei, Department Chaplain
1303 Meadow View Lane
Waverly, Iowa 50677
319-231-3423
challison2001@yahoo.com**