



Chris Cress Scholarship Chairperson  
AMVETS Ladies Auxiliary  
Department of Kentucky  
1206 Cromwell Court  
Fairdale, Kentucky 40118

To Whom It May Concern:

Please find the enclosed copy of the "**Kentucky AMVETS Ladies Auxiliary Scholarship Application**" for the 2019 calendar year. To be eligible for the scholarship, all completed applications must be received by **April 5, 2019**.

Please feel free to make as many copies as necessary to fulfill your needs. If you have any questions please call me at (502) 262-3547.

Thank you in advance for your attention in this matter. God bless, and have a great day!

Yours In Service,  
Chris Cress

Scholarship Chairperson  
AMVETS Ladies Auxiliary  
Department of Kentucky



# AMVETS Ladies Auxiliary Department of Kentucky



## SCHOLARSHIP APPLICATION

### GUIDELINES AND ELIGIBILITY

The AMVETS Ladies Auxiliary Department of Kentucky Scholarship has been established to assist Kentucky High School graduates in furthering their education. Applicants must be a graduating Kentucky High School Senior who has been accepted to an accredited college or university in pursuit of a service-oriented profession.

### SUBMISSION DEADLINE

Applications and supporting documentation must be post-marked no later than **APRIL 5, 2019** and sent to: Chris Cress, 1206 Cromwell Ct, Fairdale KY 40118. The applications will be judged by **April 8, 2019**. If approved your check will not be mailed out to your college that you will be attending until the beginning of the school year.

### CHECK LIST OF REQUIREMENTS

- ❑ Completed application form
- ❑ Authorized copy of applicant's official High School transcript with accumulative GPA
- ❑ Letter of acceptance from an accredited college or university
- ❑ Letter of reference from a counselor and/or teacher
- ❑ Recent photo of applicant
- ❑ A brief essay, in 250 words or less, stating how this scholarship is important to you in pursuing the career in which you are interested.

**APPLICATIONS WHICH ARE INCOMPLETE OR MISSING REQUIRED CHECK LIST ITEMS WILL BE DISQUALIFIED. EVERY LINE AND QUESTIONS MUST BE ANSWERED AND FILLED OUT COMPLETELY.**

DATE \_\_\_\_\_

1. NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

2. ADDRESS \_\_\_\_\_  
(NO.& STREET) (CITY & STATE) (ZIP CODE)

3. PHONE \_\_\_\_\_

4. HIGH SCHOOL \_\_\_\_\_

5. AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

6. COLLEGE YOU PLAN TO ATTEND \_\_\_\_\_  
(NAME) (CITY/STATE)

7. HAVE YOU BEEN ACCEPTED BY AN ACCREDITED COLLEGE OR UNIVERSITY? \_\_\_\_\_  
EXPECTED DATE OF ENTRY \_\_\_\_\_

8. CAREER OBJECTIVE \_\_\_\_\_  
\_\_\_\_\_

9. CLASS AND EXTRA-CURRICULAR ACTIVITIES DURING THE PAST TWO YEARS;  
OFFICES HELD, \_\_\_\_\_  
\_\_\_\_\_

10. PRIZES, AWARDS, HONORS AND OTHER RECOGNITIONS RECEIVED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. JOBS YOU HELD IN THE PAST TWO YEARS, INCLUDING VOLUNTEER WORK \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. TOTAL AMOUNT OF MONEY YOU EXPECT TO BE AVAILABLE FOR YOUR FIRST YEAR  
OF COLLEGE:

FROM FAMILY \_\_\_\_\_ YOUR SAVINGS \_\_\_\_\_  
YOUR EARNINGS \_\_\_\_\_ OTHER SCHOLARSHIP \_\_\_\_\_  
KEES (KENTUCKY EDUCATION EXCELLENCE SCHOLARSHIP) AMOUNT \_\_\_\_\_

13. NAME OF PARENT/GUARDIAN: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
ADJUSTED GROSS INCOME PER LAST YEAR'S FEDERAL INCOME TAX FORM \_\_\_\_\_

14. NUMBER AND AGES OF BROTHERS AND/OR SISTERS DEPENDENT UPON PARENTAL  
SUPPORT \_\_\_\_\_  
\_\_\_\_\_

15. IF MARRIED, PLEASE ANSWER THE FOLLOWING:

SPOUSES'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
CHILDREN, IF ANY \_\_\_\_\_ AGES \_\_\_\_\_

16. PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

1 I AM ACTIVE DUTY MILITARY - BRANCH OF SERVICE \_\_\_\_\_

1 I HAVE A PARENT/GUARDIAN WHO IS ACTIVELY SERVING IN THE U.S. MILITARY  
NAME \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

- I HAVE A PARENT/GUARDIAN WHO IS A U.S. MILITARY VETERAN  
 NAME \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_
- I HAVE A PARENT/GUARDIAN WHO IS A DECEASED U.S. MILITARY VETERAN  
 NAME \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_
- I'M A MEMBER OF AMVETS ORGANIZATION (SUBMIT COPY OF MEMBERSHIP CARD)  
 POST# \_\_\_\_\_ INDICATE AMVETS / AUXILIARY / SONS / OR JUNIORS
- I HAVE A RELATIVE WHO IS A MEMBER OF AMVETS ORGANIZATION  
 NAME \_\_\_\_\_ POST# \_\_\_\_\_ CITY/STATE \_\_\_\_\_  
 INDICATE AMVETS / AUXILIARY / SONS / OR JUNIORS

**CHOICE OF COLLEGE**

**Please be sure of your choice of college due to the checks will be mailed to the college, and it is hard for the college to reimburse AMVETS Ladies Auxiliary Department of Kentucky back, and then sent into another college. No other check will be issued unless the previous college mails back the check, and you show proof of the second choice of college that you actually attend.**

**IMPORTANT DISCLOSURE**

AGREEMENT: If I am awarded this scholarship, it is my intention to complete my education and serve mankind. I agree to furnish AMVETS Ladies Auxiliary Department of Kentucky with a yearly report of my progress. I agree that this application and all supporting documentation, submitted by me, will remain the property of AMVETS Ladies Auxiliary Department of Kentucky and will be kept in strictest confidence by the scholarship judging committee.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_