



# 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 **March 24th** and sent to: Chris Cress, 1206 Cromwell Ct, Fairdale KY 40118

## 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.**

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:

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

☐ 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

#### IMPORTANT DISCLOSURE

AGREEMENT: IF I AM AWARDED THIS SCHOLARSHIP, IT IS MY INTENTION TO COMPLETE MY EDUCATION AND TO 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 \_\_\_\_\_