

AMVETS POST 2 LADIES AUXILIARY
DR. GENE GIANCOLA MEMORIAL SCHOLARSHIP
EDGEWATER, FLORIDA



SCHOLARSHIP APPLICATION

(TYPE OR PRINT-ALL ITEMS MUST BE COMPLETED)

THE POST 2 AMVETS LADIES AUXILIARY IS OFFERING FOUR \$500 SCHOLARSHIP AWARDS TO STUDENTS WHO HAVE BEEN ACCEPTED INTO A COLLEGE. SCHOLARSHIPS WILL BE AWARDED BASED ON RELATIONSHIP TO A VETERAN OR MILITARY SERVICE PERSON, FINANCIAL NEED, COMMUNITY SERVICE, SCHOLASTIC ACHIEVEMENT, COLLEGE ACCEPTANCE AND WRITTEN RESPONSE TO ESSAY QUESTION.

SCHOLARSHIP REQUIREMENTS

- THIS COMPLETED APPLICATION MUST BE RECEIVED BY DATE MARCH 27, 2020
- MUST BE A STUDENT AT NEW SMYRNA BEACH HIGH SCHOOL IN GOOD STANDING.
- MUST BE RELATED TO A VETERAN OR ACTIVE MILITARY SERVICE PERSON. MUST PROVIDE COPY OF DD-214 OR PAPERWORK PROVING YOUR RELATIONSHIP TO A VETERAN/MILITARY SERVICE PERSON.
- MUST SUBMIT NSBHS OFFICIAL TRANSCRIPT WITH A GRADE POINT AVERAGE OF 3.5 OR HIGHER
- AT LEAST ONE SIGNED LETTER OF RECOMMENDATION FROM A SCHOOL OFFICIAL ON SCHOOL LETTERHEAD
- SIGNED COPY OF LETTER OF ACCEPTANCE FROM ACCREDITED COLLEGE OR UNIVERSITY
- ESSAY OF 500 WORDS OR LESS DESCRIBING YOUR CAREER ASPIRATIONS AND HOW YOU PLAN TO USE YOUR EDUCATION TO MAKE YOUR COMMUNITY, COUNTRY AND WORLD A BETTER PLACE.
- MUST BE SUBMITTED ON THIS APPLICATION FORM TO BE CONSIDERED

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

STREET ADDRESS

CITY

STATE

ZIP

BIRTHDATE:

TELEPHONE:

(CELL/HOME)

LIST YOUR EDUCATIONAL HISTORY INCLUDING HIGH SCHOOL AND ANY COLLEGE ATTENDED

NAME OF SCHOOL

DATES ATTENDED AND GPA

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

FINANCIAL CRITERIA

APPLICANT'S ANNUAL INCOME:

SOURCE OF INCOME:

OTHER SCHOLARSHIPS OR FINANCIAL ASSISTANCE AWARDED:

COLLEGE YOU PLAN TO ATTEND:

TUITION COST:

ESTIMATED COST OF LIVING EXPENSES:

FAMILY/GUARDIAN INFORMATION

FATHER'S NAME:

ADDRESS:

STREET ADDRESS

CITY

ZIP

OCCUPATION:

ANNUAL INCOME:

MOTHER'S NAME:

ADDRESS:

STREET ADDRESS

CITY

ZIP

OCCUPATION:

ANNUAL INCOME:

PARENTAL CONTRIBUTION TOWARD COLLEGE EXPENSE:

NUMBER OF SIBLINGS AND THEIR AGES: _____

NUMBER OF SIBLINGS IN COLLEGE: _____

NAME OF VETERAN RELATIVE: _____ RELATIONSHIP TO YOU: _____

WHAT ARE YOUR CAREER GOALS, AND HOW DO YOU PLAN TO USE YOUR EDUCATION TO MAKE YOUR COMMUNITY, COUNTRY AND YOUR WORLD A BETTER PLACE? (ATTACH 500 WORD ESSAY.)

PRIVACY ACT ADDENDUM

APPLICANT SHOULD REVIEW INFORMATION REQUESTED. NONE OF THE INFORMATION IS REQUIRED BY LAW AND IS, THEREFORE, DISCLOSED VOLUNTARILY. INFORMATION WILL ONLY BE USED IN CONSIDERATING THE APPLICANT FOR THE AMVETS AUXILIARY SCHOLARSHIP. NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION MAY RESULT IN AN APPLICANT NOT BEING FULLY CONSIDERED FOR THIS AWARD.

CERTIFICATION

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I 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: _____

NOTE: ALL DECISIONS OF THE AMVETS AUXILIARY SCHOLARSHIP COMMITTEE ARE FINAL. THE DECISIONS WILL BE MADE WITHOUT REFERENCE TO PREJUDICE TO RACE, COLOR, SEX, CREED OR NATIONAL ORIGIN.

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN MARCH 27, 2020

PLEASE SEND ALL COMPLETED APPLICATION FORMS TO THE FOLLOWING:

POST 2 AMVETS SCHOLARSHIP COMMITTEE
ATTENTION: DIANE SHUTA
P.O. BOX 84
EDGEWATER, FL 32132
prescoltee@aol.com