

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 RECEIVED BY **MARCH 13, 2018**
- 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.
- HIGH SCHOOL GRADE POINT AVERAGE of 3.5 OR HIGHER
- AT LEAST ONE LETTER OF RECOMMENDATION FROM A SCHOOL OFFICIAL ON SCHOOL LETTERHEAD
- 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.

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 SEPARATE SHEET IF NEEDED.)

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 13, 2018.

PLEASE SEND ALL COMPLETED APPLICATION FORMS TO THE FOLLOWING:

**POST 2 AMVETS SCHOLARSHIP COMMITTEE
ATTENTION: DIANE SHUTA
P.O. BOX 84
EDGEWATER, FL 32132**