



Kentucky AMVETS Auxiliary

SCHOLARSHIP APPLICATION



This Scholarship is available in the State of Kentucky for a High School graduate who has been accepted into a school for a Service-Oriented Profession. Eligibility for this scholarship is based on the completion and submission for the application and a copy of the Transcript of High School Record. Please send the application and supporting forms to:

Chris Cress, 1206 Cromwell Court, Fairdale, KY 40118

DATE _____

1. NAME _____
(LAST) (FIRST) (MIDDLE)

2. ADDRESS _____
(NO. & STREET) (CITY & STATE) (ZIP CODE) (TEL. NO.)

3. HIGH SCHOOL _____ (S.S. NO.) _____

4. AGE _____ BIRTHDATE _____ SEX _____ GRADUATION DATE _____

5. COLLEGE YOU PLAN TO ENTER _____ ADDRESS _____

6. HAVE YOU BEEN ACCEPTED BY COLLEGE? _____ EXPECTED DATE OF ENTRY _____

7. CAREER OBJECTIVE _____

8. STATE IN 50 WORDS OR LESS HOW THIS SCHOLARSHIP IS IMPORTANT TO YOU IN PURSUING THE CAREER IN WHICH YOU ARE INTERESTED. *Use extra sheet of paper and attach to this application.*

9. SUBMIT THE FOLLOWING:
1. TRANSCRIPT OF HIGH SCHOOL RECORD
 2. LETTER OF REFERENCE FROM COUNSELOR AND/OR TEACHER
 3. RECENT PHOTO

NOTE: The above procedures (#8 and #9) must be adhered to OR application will be disqualified.

10. CLASS AND EXTRA-CURRICULAR ACTIVITIES DURING THE PAST TWO YEARS; OFFICES HELD: _____

PRIZES, AWARDS, HONORS AND OTHER RECOGNITIONS RECEIVED _____



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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 Scholarships _____

13. NAME OF PARENT OR GUARDIAN _____

ADDRESS _____ TEL. NO. _____

14. GROSS ANNUAL HOUSEHOLD INCOME \$ _____ OTHER INCOME \$ _____

15. NUMBER AND AGES OF BROTHERS AND SISTERS DEPENDENT UPON PARENTAL SUPPORT _____

16. IF MARRIED, PLEASE ANSWER THE FOLLOWING:

Spouses' name _____ Employer _____

Children, if any _____ Ages _____

IMPORTANT

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 A YEARLY REPORT OF MY PROGRESS. I AGREE THAT THIS APPLICATION SUBMITTED BY ME WILL REMAIN THE PROPERTY OF AMVETS LADIES AUXILIARY, DEPARTMENT OF KENTUCKY.

DATE _____ SIGNATURE _____

NOTE: KENTUCKY AMVETS LADIES AUXILIARY ASSURES THE APPLICANT THAT ALL INFORMATION ON THIS APPLICATION WILL BE KEPT IN STRICT CONFIDENCE BY THE SCHOLARSHIP JUDGING COMMITTEE.

AWARDS ARE AVAILABLE IN THE STATE OF KENTUCKY FOR A HIGH SCHOOL GRADUATE WHO HAS BEEN ACCEPTED INTO A COLLEGE.

SEND APPLICATION AND SUPPORTING FORMS TO: CHRIS CRESS, SCHOLARSHIP CHAIRMAN
1206 CROMWELL COURT
FAIRDALE, KY 40118

DEADLINE FOR SUBMITTING APPLICATION: APRIL 1, 2012