

Illinois AMVETS Ladies Auxiliary
Memorial Scholarships

ONE-YEAR SCHOLARSHIP FOR \$500.00

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Be a child or grandchild of a Veteran of the United States of America who served after September 15, 1940, and was Honorably Discharged or who is presently serving in the military
- Have taken the ACT or SAT

Illinois AMVETS Ladies Auxiliary
Worchid Scholarships

ONE-YEAR SCHOLARSHIP FOR \$500.00

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Be a child of a deceased father or mother who was a Veteran of the United States of America who served after September 15, 1940, and was Honorably Discharged. They need not be killed in action or died as a result of a service-connected disability.
- Have taken the ACT or SAT

PLEASE MAIL AMVETS LADIES AUXILIARY SCHOLARSHIPS TO:

ILLINOIS AMVETS LADIES AUXILIARY
C/O PENELOPE GOINS
PO BOX 372
GROVELAND, IL 61535

Best wishes in all of your
future endeavors!



AMVETS State Headquarters
2200 South Sixth St.
Springfield, IL 62703

Illinois
AMVETS
Scholarship
Programs



Sponsored by
Phillip Carpenter AMVETS Post 66
and AMVETS Police Post 18



Serving American Veterans'
Families Since 1945

Illinois AMVETS Service Foundation Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Have taken the ACT or SAT
- 30 scholarships available

Illinois AMVETS Sad Sacks Nursing Scholarships

ONE-YEAR SCHOLARSHIP
AMOUNT TO BE DETERMINED

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior who has been accepted into a pre-approved nursing program, (A copy of an acceptance letter must accompany the application.) or may already be a student in an approved School of Nursing in the State of Illinois.
- Prove satisfactory in academic record, character, interest and activity record, and financial need.

Priority will be given to the dependent of a deceased or disabled Veteran. The scholarship will be given to a student nurse-in-training in the following order: third-year student, second-year student, and first-year student.



Illinois AMVETS Junior ROTC Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Have taken the ACT or SAT
- Participate in the Junior ROTC program
- 5 scholarships available

Illinois AMVETS Trade School Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior who has been accepted in a pre-approved trade school program. A copy of an acceptance letter must accompany the application.
- 5 scholarships available

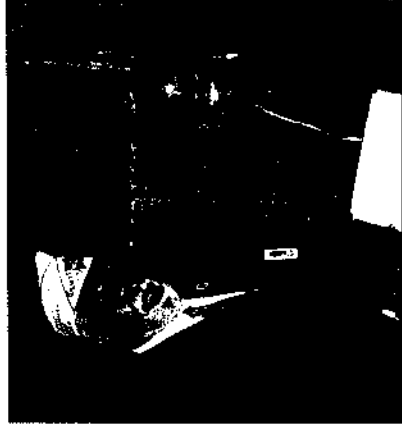
Priority will be given to the dependent of a deceased or disabled Veteran who served in the armed forces of a Veteran.

**DEADLINE FOR ALL SCHOLARSHIPS:
ALL APPLICATIONS MUST BE POSTMARKED BY MARCH 1ST.**

PLEASE MAIL AMVETS SCHOLARSHIPS TO:

AMVETS Department of Illinois
State Headquarters
2200 South Sixth Street
Springfield, IL 62703

217.528.4713
800.638.8387
FAX: 217.528-9896



ONLY THE WINNING SCHOLARSHIP RECIPIENTS WILL BE NOTIFIED.

The Illinois AMVETS and the Illinois AMVETS Ladies Auxiliary will do the judging of the scholarship applications submitted. The winners will select the college of their choice. You may obtain an application as well as the address provided by the Illinois AMVETS at www.illinoisamvets.org

Illinois AMVETS Service Foundation Scholarship Application

sponsored by

Phillip Carpenter AMVETS Post 66
and AMVETS Police Post 18



Mail to:
Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703

Date: _____
Please type or print application legibly.

Birth date: M ____ D ____ Yr. _____

1. Applicant's Name _____
(Last) (First) (Middle)
2. Address _____ Home Phone Number (____) _____
City _____ County _____ State _____ Zip _____
3. High School Name & Address _____ Phone (____) _____
4. Scholarship applying for (see brochure for qualifications): **Postmark Deadline is March 1st** (Please check one box per application; if applying for more than one scholarship, the applicant must provide separate and completed applications to include the requested supporting documentation for each application. If more than one box is marked without proper supporting documentation, the only scholarship the applicant will be considered for will be the Service Foundation Scholarship.)
 - Illinois AMVETS Service Foundation Scholarship - One Year \$1,000 Non-renewable
 - Illinois AMVETS Sad Sacks Nursing Scholarship - Amount to be determined
 - Illinois AMVETS Trade School Scholarship - One Year \$1,000 Non-renewable
 - Illinois AMVETS Junior ROTC Scholarship - One Year \$1,000 Non-renewable
5. Semester Totals for Each Year:
Senior Year #: A's _____ B's _____ C's _____ Junior Year #: A's _____ B's _____ C's _____
Sophomore Year #: A's _____ B's _____ C's _____ Freshman Year #: A's _____ B's _____ C's _____
6. Test Scores: ACT _____ or SAT: Verbal _____ Math _____
7. Class ranking at beginning of senior year _____
8. Name and Address of financial aid office to university attending _____
9. Anticipated Major _____
10. Father's/Stepfather's name & address _____
11. Mother's/Stepmother's name & address _____
12. Guardian's name & address (if other than parent) _____

13. Select one: Child of Veteran Grandchild of Veteran Not a child or grandchild of Veteran (skip to line item 15)
14. Veterans Service Information: Branch _____ Date & Type of Discharge _____
15. Total Adjusted Gross Income Last Calendar Year:
- | | |
|--------------------------------------|----------|
| Father/Stepfather | \$ _____ |
| Mother/Stepmother | \$ _____ |
| Guardian | \$ _____ |
| Applicant's Adjusted Gross Income | \$ _____ |
| Total Combined Adjusted Gross Income | \$ _____ |
16. Number of dependents (including applicant) on parental support _____
17. Class and extra-curricular activities during the past two years; indicate how many offices held (Use a separate sheet of paper if necessary.)

18. Prizes, awards, honors, scholarships and other recognition received in the past two years (Use a separate sheet of paper if necessary.)

CHECKLIST (The following items *must* be included with your application)

- _____ Official transcripts (to include first semester of Senior Year) *Sealed transcript must be included with application.*
- _____ An explanation of the grading system used by the school
- _____ ACT or SAT test scores
- _____ **Trade School Scholarship:** include copy of acceptance letter to a pre-approved trade school
- _____ **Sad Sacks Scholarship:** include copy of acceptance letter to a pre-approved nursing program
- _____ **Junior ROTC Scholarship** applications should include copy of participation letter from a pre-approved Junior ROTC program at the high school

Note: Only those individuals selected for a scholarship will be notified by early April. Within 15 days, those selected must provide a copy of all completed tax forms (including, but not limited to, all schedules) for the prior tax year before the scholarship will be awarded. If the tax information is not provided within this time period, an alternate for the respective scholarship will be selected. Or if the tax information listed above does not match the tax forms sent in, students forfeit any scholarship winnings.

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the AMVETS Department of Illinois Scholarship Committee Illinois AMVETS Service Foundation and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____ Date: ____/____/____

Signature of parent/legal guardian _____ Date: ____/____/____

(If applicant is under 18 years of age, the applicant's parent or legal guardian must also sign.)

POSTMARK DEADLINE: MARCH 1st

Mail to:

**Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703**

Illinois AMVETS Ladies Auxiliary



Scholarship Application

Mail to:

Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535

Date _____

1. Applicant's Name _____
(Last) (First) (Middle)

2. Address _____ City _____ State _____ Zip _____
(Route or Street No)

Home Phone _____ Date of Birth _____

3. High School _____ Phone # _____
(Name and Address)

Honors & Awards Date ____/____/____ Contact person _____

4. Scholarship Applying for (see insert sheet for qualifications) **Postmark Deadline is MARCH 1ST**

- Illinois AMVETS Ladies Auxiliary Memorial Scholarship (1 year \$500.00)
- Illinois AMVETS Ladies Auxiliary Worchid Scholarship-Awarded to a child of a deceased American Veteran (1 year \$500.00)

5. Include Transcripts thru 1st semester of Senior Year.

6. Test Scores: ACT: _____ or SAT: Verbal _____ Math _____

7. Rank in Class (including first semester of Senior Year) _____

8. College you plan to attend _____

9. Career Objective (use lines provided) _____

10. Father's/Stepfather's name and address _____

11. Mother's/Stepmother's name and address _____

12. Name and Address of guardian (if other than father/mother) _____

13. Check one:
 Child of a Veteran Grandchild of a Veteran (Relative must be a Veteran of the United States of America)

14. Veteran's Service Information: Branch _____ Date and type of Discharge _____

15. Total Adjusted Gross Income Last Calendar Year:

Father/Stepfather/Guardian \$ _____

Mother/Stepmother/Guardian \$ _____

Applicant's Income \$ _____

Total Combined Income for Last Year \$ _____

16. Number of children, including the applicant, dependent upon parental support _____

a. How many currently in Grades K-12 _____

b. How many currently in College _____

17. Total amount of money available first year of college _____

a. From Family \$ _____

b. From Applicants Savings \$ _____

18. Class and extra-curricular activities. Indicate any offices held, prizes, awards, honors, and other recognitions received in the past two years. (Use a separate sheet of paper if necessary.)

***CHECK LIST* (YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION):**

- ___ Official Transcripts through first semester of senior year
- ___ An Explanation of the Grading System used by the school
- ___ ACT or SAT Test Scores

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board and room, required materials or books. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the Illinois AMVETS Ladies Auxiliary Scholarship Committee and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS and AMVETS Ladies Auxiliary to use a photograph (or other likeness) as well as personal information about me (family, name, home town, etc.), or statements for publicity purposes which may include publication in newspapers, brochures, catalogs, and the AMVETS web site.

Applicant's Signature _____ **Date:** ____/____/____

Signature of parent/legal guardian _____ **Date:** ____/____/____
(Application will not be considered unless signed by a parent or legal guardian.)

Postmark Deadline is MARCH 1ST

**Mail to: Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535**