



## CONNECTICUT AMVETS SERVICE FOUNDATION SCHOLARSHIP APPLICATION FORM

Selection is based on merit. Scholarship funding is provided by the CONNECTICUT AMVETS SERVICE FOUNDATION.

Address all correspondence to: Mr. Albert J Duff:

26 Foster Street  
Danielson, Ct. 06239  
aduff0037@charter.net

Applicant Category, identify/circle all applicable.

1. Graduating high school senior or person continuing college or Technical Education as listed in lines 2 to 8 below.
2. AMVET
3. AMVET Auxiliary member
4. Son of AMVET member
5. Son of an , AMVET Auxiliary Member or Sons of AMVETS
6. Daughter of AMVET , AMVET Auxiliary Member or Sons of AMVETS
7. Grandson of AMVET , AMVET Auxiliary Member or Sons of AMVETS
8. Granddaughter of AMVET , AMVET Auxiliary Member or Sons of AMVETS
9. Name of person associated with AMVETS in which application is submitted  
Under \_\_\_\_\_

Post Affiliation Post # \_\_\_\_\_ or MAL \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL NOT RECEIVE CONSIDERATION. CONNECTICUT AMVETS SERVICE FOUNDATION Scholarship personnel are not responsible for acquiring any data or forms for applicants. Do not include materials not specifically requested, such as resumes, recommendations, etc. There are no provisions for eligibility criteria waivers and scholarship applications cannot be returned.

Required materials:

1. High School or College Transcripts
2. ACT or SAT scores ( For Graduating High School Seniors only)
3. Required essay (300 words) Submission of a document of 300 words pertaining to Americanism which shall be pertinent to subjects related to AMVETS. Subjects shall include, but are not restricted to: Government, American History, American Flag, Military History, and Politics. Essays should be original. Applicants should express in their own words and should refrain from copying History from books.
4. Accredited school acceptance letter
5. Financial Aid Form (FAF)
6. Each applicant must file a Financial Aid Form. (FAF) The Financial Aid Form should be available from your high school counselor or the Financial Aid Office of the college you plan to attend. This form is then returned to the Financial Aid Officer of the college you plan to attend.

ALL COMPLETED APPLICATIONS AND REQUIRED MATERIAL MUST BE ENCLOSED IN THE SAME ENVELOPE AND POSTMARKED ON OR BEFORE THE DEADLINE DATE OF APRIL 16, 2012.

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The scholarship you are applying for is one year in duration.  
PLEASE PRINT LEGIBLY OR TYPE

\_\_\_\_\_  
Applicant's Full Legal Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth (Month, Day, Year)

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Marital Status                      Age                      Sex

\_\_\_\_\_  
Permanent Mailing Address Number/ Street

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City, State, Zip Code                      Area Code and Telephone

List in order (beginning with the current school year) schools attended in the last four years  
NAME OF SCHOOL                      LOCATION                      DATES ATTENDED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate here your cumulative G.P.A.: High School \_\_\_\_\_ College \_\_\_\_\_

High School Graduation Date \_\_\_\_\_  
(Month, Day, Year)

S.A.T. Score \_\_\_\_\_; A.C.T. Score \_\_\_\_\_

Other (Specify) \_\_\_\_\_

Honors and Awards received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the three most important extra-curricular activities (not jobs) during high school or college.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any summer or part time jobs held during high school or college

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted to what college/university, trade or technical school?  
(Include Address, City, State, Zip Code and Telephone Number)

\_\_\_\_\_  
\_\_\_\_\_

What major course of study do you plan to follow?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PRIVACY ACT ADVISORY STATEMENT**

The Privacy Act of 1974 (Public Law 93-579) requires that certain information in connection with this request be given to you. In accordance with the requirements of the Act, please be advised:

1. The authority for collection of this data is Public Law 93-642.
2. Submitting the required information is voluntary
3. The main purpose for which the data is used is the selection of scholarship winners in the CONNECTICUT AMVETS SERVICE FOUNDATION Scholarship program.
4. Other routine use of data for news releases.
5. Failure to complete the forms will mean that you cannot be included among those applicants being considered for awards in the CONNECTICUT AMVETS SERVICE FOUNDATION Scholarship Program.

**CERTIFICATION**

I certify that the information supplied is true and correct to the best of my knowledge. I agree to abide by the rules established by the CONNECTICUT AMVETS SERVICE FOUNDATION Scholarship Committee and am cognizant that all decisions rendered by this committee are final. I further give consent to AMVETS to use photographs (or other likeness), or statements for publicity purposes.

DATE \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_

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

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Parent or Guardian)

**FINANCIAL STATUS STATEMENT**

This statement is to be used to demonstrate the financial resources and financial need of the CONNECTICUT AMVETS SERVICE FOUNDATION SCHOLARSHIP applicant and applicant's family, and will be verified against the Financial Aid Form signed by the College Financial Officer.

**PRINT LEGIBLY OR TYPE**

1. NAME \_\_\_\_\_  
(Last, First, Middle)

2. PERMANENT MAILING ADDRESS \_\_\_\_\_  
(Street number)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Area Code and Telephone)

3. Father's Name and address: \_\_\_\_\_  
\_\_\_\_\_

4. Mother's Name and address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name(s), occupation(s) and business address of guardian if applicable.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Number and ages of brothers and sisters dependent on parental support.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Family Income:

	Name	Occupation	Annual Gross Income
Student	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____
Spouse	_____	_____	_____

8. Estimated Income and Expense:

A. Scholarships and loans which you anticipate receiving or have applied for, which will cover the period of aid requested in this scholarship application.

Source	Dates	Annual	
	From    To	Amount	
_____	_____	_____	Applied For _____ Received _____
_____	_____	_____	Applied For _____ Received _____
_____	_____	_____	Applied For _____ Received _____
_____	_____	_____	Applied For _____ Received _____

B. The following information should be submitted for the same period as aid is requested.

**ESTIMATED INCOME**

Personal Savings \_\_\_\_\_

Total earnings \_\_\_\_\_

Aid from parents or guardian \_\_\_\_\_

Income from spouse \_\_\_\_\_

Aid from relatives \_\_\_\_\_

Aid from any other persons \_\_\_\_\_

Loans \_\_\_\_\_

**ESTIMATED EXPENSE**

Tuition and fees \_\_\_\_\_

Books and material \_\_\_\_\_

Board \_\_\_\_\_

Room \_\_\_\_\_

Lunches and Travel \_\_\_\_\_

Commuting \_\_\_\_\_

Other \_\_\_\_\_

Scholarships received \_\_\_\_\_

Social Security \_\_\_\_\_

Veterans Benefits \_\_\_\_\_

Welfare Aid \_\_\_\_\_

Other \_\_\_\_\_

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Total Income \$ \_\_\_\_\_ Total Expenses \$ \_\_\_\_\_

9. Please indicate whether living accommodations are:

University Housing \_\_\_\_\_ Parents Home \_\_\_\_\_ Other \_\_\_\_\_

Financial Aid Officer's statement:

**MUST BE SIGNED BY COLLEGE /INSTITUTION FINANCIAL AID OFFICER**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

College/Institution: \_\_\_\_\_

Date: \_\_\_\_\_

List any Volunteer work that you have been involved with.

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Applicant's Statement:

In submitting this application, I hereby certify that:

I am in need of this scholarship aid to continue my schooling

I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board, room, required materials or books.

The information submitted in this application is complete and correct and I agree to inform the CONNECTICUT AMVETS SERVICE FOUNDATION of any change in my financial circumstances.

DATE: \_\_\_\_\_ STUDENT'S SIGNATURE: \_\_\_\_\_

If Applicant is under 18 years of age, the applicant's parent and or guardian must also sign.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(Parent or Guardian)

**ALL COMPLETED APPLICATIONS AND REQUIRED MATERIALS MUST BE ENCLOSED IN THE SAME ENVELOPE AND POSTMARKED ON OR BEFORE THE DEADLINE DATE OF April 16, 2012**