

KANSAS VETERANS OF FOREIGN WARS ENDOWMENT ASSOCIATION
SCHOLARSHIP APPLICATION

Date _____ Sponsored by VFW Post/Auxiliary _____ District _____

This application form is for one \$5,000-one year scholarship, given from contributions to this fund by VFW Posts and VFW Auxiliaries VFW from the State of Kansas.

NOTICE TO SCHOOL OFFICIALS: This complete form along with a student transcript of grades and other requested material should be returned to the sponsoring VFW Post/Auxiliary Officers as noted on the instruction sheet attached hereto, in sufficient time to allow it to be reviewed and forwarded to the Endowment Association Headquarters in Topeka, KS no later than February 1.

The only restriction on this scholarship is that the applicant must be the child of, the grandchild of or a member of the **Kansas Veterans of Foreign Wars or its VFW Auxiliary**. **Great Grandchildren** are not eligible.

1. Student Applicant Name: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth _____ Phone No. _____

E-mail: _____

IS STUDENT IS EMANCIPATED (according to FAFSA) – IF SO, SKIP TO QUESTION 7

YES ☐ // NO _____

2. Father or Male Guardian: Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____

Type of Work _____ Years _____

3. Mother or Female Guardian Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Place of Employment _____

Type of Work _____ Years _____

4. List here the names of all other dependent children in applicant's family:

Full Name Sex Age Grade Living at Home

5. List the property your parents/family own (Home, Farm, other real estate, cars, trucks, etc.) and estimate investment in this property.

6. List your parents/family total gross income for the previous year: \$ _____

7. List Student's total gross income for the previous year: \$ _____

8. List student's Property Owned (Home, Farm, other real estate, cars, trucks, etc.) and estimate investment in this property.

Note: Student/Family Members have the option to exclude financial information, however this will result in the judging committee rendering a score of 0 (zero) points for this section.

9. Please explain any special family circumstances that the Endowment Committee should consider. (Divorce, illness, disabilities, etc.)

10. List amount of financial support you expect to receive during your first year of school:

- a. From parents \$ _____
- b. From student's earnings \$ _____
- c. From friends or relatives \$ _____
- d. From other scholarships (Name them) \$ _____
- e. From other sources \$ _____

=====

TOTAL \$ _____

11. List amount of anticipated expenses during your first year in school:

- a. Tuition fees \$ _____
- b. Books and supplies \$ _____
- c. Room and board \$ _____
- d. Other (explain) \$ _____

=====

TOTAL \$ _____

12. What classes or activities are/were of special interest or importance to you in high school or college? (List in order of preference.)

13. What are your plans for a career? _____

14. What school do you plan to attend and for how long? (If currently enrolled in college, please indicate how many hours you have already taken and your proposed date of graduation.) If enrolling in a vocational technical school or 2 year training program, please make that clear.

15. Attach a standard, formal resume/personal datasheet that lists your achievements, accomplishments, awards, references, work experience, etc. to this application.

16. Attach an explanation please to indicate why you want to further your education.

17. Attach a statement from your school guidance counselor or principal relative to your capabilities, attitude and participation in the regular school curriculum as well as extracurricular activities. If you have no guidance counselor, then attach a statement from your college advisor or employer.

18. I hereby certify that all information herein is correct and understand that any false information will disqualify this application or revoke a scholarship should one be awarded.

Signature of Parent, Guardian or Grandparent _____
(Please circle relationship to student. **Not required if student is emancipated**)

Signature of Student _____

A REMINDER: Be certain that all information requested on the application is completed. This includes a grade transcript with ACT or SAT scores (ACT or SAT may be waived if already enrolled in college or vocational coursework); a statement from a school counselor or principal or employer; a personal datasheet. Otherwise the application will not be considered.

NOTE: This application form may be reproduced if additional forms are not readily available. The information in this application will be used only for the purpose of judging scholarships and will remain confidential. It is also available from <http://www.ksvfw.org> under programs.

Checklist for Student

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a graduating or graduated High School senior? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be enrolling in college/vocational classes for the fall semester? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently enrolled in college/vocational classes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all questions completed on form? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed an official high school transcript or official college transcript |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed your ACT or SAT scores as requested? (if required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you attached a resume/personal data sheet that applies to question 15? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you attached your personal explanation as requested in question 16? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you attached the letter of recommendation as requested in question 17? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your Parent, Guardian or Grandparent sign the form? (if required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sign the form? |

If all questions above are answered, please sign and submit to the sponsoring VFW Post/Auxiliary. If any questions are not answered, then form is not complete and will not be considered. Please complete, sign, then submit.

The Kansas VFW/Auxiliary eligibility for this scholarship is through:

Kansas Member Name: _____ Membership #: _____

Kansas VFW Post/Auxiliary No: _____ Relationship: _____

CERTIFICATION: I hereby certify that this applicant meets eligibility requirements set forth in the above application form.

Signature of VFW Post Commander or Quartermaster (Verifying Post Members Only)

(TITLE) (Post #) (District #)

Address:

For questions concerning Post eligibility contact Department of Kansas VFW Headquarters, PO Box 1008, Topeka, KS 66601-1008, (785) 272-6463.

Signature of VFW Auxiliary President or Treasurer (Verifying VFW Auxiliary Members Only)

(TITLE) (Auxiliary #) (District #)

Address:

For questions concerning VFW Auxiliary eligibility contact Jeanette Cox, Dept. Treasurer, P.O. Box 414, McPherson, KS 67460 (620) 241-7475.

Checklist for VFW Post/Auxiliary Chairmen:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the scholarship application complete with all required attachments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the Post Commander or Quartermaster sign to verify membership for a Post member? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the Auxiliary President or Treasurer sign to verify membership for a VFW Auxiliary member? |