

DISTRICT 21 VETERAN OF FOREIGN WARS AUXILIARY

ADAMS, FRANKLIN, YORK COUNTIES

APPLICATION FORM FOR 2020 SCHOLARSHIP PROGRAM
(\$1000.00)

Note: To be eligible an applicant MUST be a high school graduate and be a child, stepchild, or grandchild of a Veteran.

Must be typewritten/legibly written.

Due back a member by March 1, 2020

Sponsors Name _____

Phone Number _____

Address of Sponsor _____

City _____ State _____ Zip Code _____

Applicant's Name _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

Parents or Guardian Name _____

Father's Occupation _____ Employer _____

Mother's Occupation _____ Employer _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

If you require additional space, please attach additional sheets as necessary.

Name of High School _____

Phone Number of High School _____

S. A. T. Score: Verbal _____ Math _____ Total _____

Name of Guidance Counselor _____

Extra-Curricular Activities: _____

Honors and Awards Received _____

College or School you plan to attend: _____

Address _____

Intended Course of Study _____

Planned Duration of Course of Study _____

Annual Cost (including room & board) _____

If you have received any scholarships or awards, or such are still pending decision,
please list them as follows: _____ If not, please check here _____

