

Sons of AMVETS Department of Florida **Scholarship Application**

The Sons of AMVETS Department of Florida Scholarship program provides opportunities for advanced education and is reserved for Department of Florida Sons of AMVETS, and wives, sons/adopted sons, daughters/stepdaughters/adopted daughters, grandsons, or granddaughters of Department of Florida Sons of AMVETS who desire to attend an institution of higher learning. The Department of Florida Sons of AMVETS Scholarship Award is based upon the applicant's scholastic aptitude, academic promise, and merit.

The Department of Florida Sons of AMVETS Scholarship Award is to full time students or part time students, (doing 5 or more credits per semester), who are registered at an accredited college, university, junior college, community college, trade and/or technical school. The Scholarship award is in the total amount of \$250.00 for part time students and \$500.00 for full time students. Scholarships, with a total of \$1,000 disbursed, shall be awarded each year at the June Convention.

If the person applying for this Scholarship will be 18 years old before the school year starts and is eligible to be a Sons of AMVETS member, he would be eligible to apply for the Scholarship only if he becomes a member in good standing of the Sons of AMVETS Department of Florida.

THIS AWARD IS PAYABLE IN A GRANT OF \$250.00 OR \$500.00 AND IS TO BE USED ONLY FOR THE PAYMENT OF TUITION, REQUIRED FEES, BOARD, ROOM, REQUIRED MATERIALS OR BOOKS. IF YOU ARE SELECTED AS A RECIPIENT OF THIS AWARD, THE SONS OF AMVETS DEPARTMENT OF FLORIDA WILL ISSUE A CHECK TO THE INSTITUTION/BOOKSTORE OF YOUR CHOICE.

This application, as well as the following 2 items must be received by the Department of Florida Sons of AMVETS Commander to be considered by the Department of Florida Sons of AMVETS Executive Committee. Failure to submit the items listed below prior to **April 30** will be cause for disqualification of your application.

1. Copy of Sons of AMVETS, Department of Florida, Membership card for current membership year. This would be your own card, if this application is for yourself, or the card of the relative who is sponsoring you for this scholarship.
2. Good quality black and white or color photograph. (Either a print or a digital file. This would be for the scholarship announcement of the Department of Florida Sons of AMVETS website).

TYPE OR PRINT ALL INFORMATION

STUDENT DATA:

Mr. Mrs. Ms			
	Last Name	First Name	Middle Name/Initial
Street Address		City	State Zip Code
Area Code	Telephone Number	Last Four Digits of Social Security Number	Date of Birth

TYPE OR PRINT ALL INFORMATION
STUDENT EDUCATIONAL BACKGROUND:

High School Name	Area Code	Telephone Number	
Street Address	City	State	Zip Code
Graduation Date	Grade Point Average	Rank	Number of Students in your class

LIST HONORS AND EXTRACURRICULAR ACTIVITIES

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

College, University, Junior College, Community College, Trade and/or Technical School- (You must be accepted to an accredited institution to apply for this Scholarship):

School Name	Area Code	Telephone Number	
Street Address	City	State	Zip Code
Major area of study (declared or undeclared)			

ELIGIBILITY STATEMENT:

I am eligible for the Department of Florida Sons of AMVETS Scholarship based upon the relationship of the Sons of AMVET Department of Florida member listed below:

First Name	Last Name	Area Code	Telephone Number	
Street Address	City	State	Zip Code	Squadron #

How are you related to the above named Son of AMVETS member? _____

PUBLICITY RELEASE

For publicity reasons, and only after the selections of recipients are made; I hereby authorize the Sons of AMVETS Department of Florida, its agents and representatives to use my name and picture in regard to Publicity relative to the Department of Florida Sons of AMVETS.

Applicants Signature

Date

A SHORT ESSAY QUESTION:

Please write a short essay, (100 to 150 words), discussing the following: "Why do our Veterans deserve our utmost respect and appreciation". (Use and attach separate pages as required)

CERTIFICATION

In submitting this application, I hereby certify that:

1. I am in need of this Scholarship aid to continue my education.
2. I will use the proceeds of any Scholarship aid received for payment of tuition, required fees, board, required materials or books.
3. I will carry the hours necessary to qualify as a full time student or 5 or more credits per semester if part-time student.
4. The information submitted in this application is complete and correct.
5. I agree to abide by the rules established by the Department of Florida Sons of AMVETS Executive Committee and understand that all decisions rendered by the committee are final.

Students Signature: _____ Date: _____

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

Signature of parent/legal guardian: _____ Date: _____

Privacy Act Advisory Statement:

In the spirit of the Privacy Act of 1974, 5 U.S.C. & 552A, as amended, protecting your privacy is important to us. The Department of Florida Sons of AMVETS will use the personal information you provide for the sole purpose of evaluating your scholarship application. It will not be shared, sold or otherwise be made available to any individual, corporation or organization. Disclosure is voluntary; however, failure to provide information could preclude your consideration for this scholarship.

Mail this form and all additional required information to:

**SOA Department of FL Commander Tim Brooke
4524 Wabasso Ave. North Port, FL 34287**

Or by e-mail to: tim.brooke12@yahoo.com

Mail must be postmarked or received by e-mail no later than April 30 to qualify
