

***AMVETS  
AMERICAN VETERANS***

***DEPARTMENT OF FLORIDA***



***GENERAL  
SCHOLARSHIP  
PROGRAM***

**AMVETS**  
**DEPARTMENT OF FLORIDA**  
**SCHOLARSHIP PROGRAM**

AMVETS Department of Florida scholarship program have been established to recognize and reward need, academic achievement and the potential of students and to provide and to provide opportunities for advance education and to stimulate recruitment of well qualified candidates for careers in our society today. To reflect the interest and involvement of AMVETS Service Organization and its members. AMVETS Department of Florida Scholarship awards are based upon the student's scholastic aptitude and the demonstration of financial need. Each scholarship is payable in one (1) year grant of \$ 1,000 for each grant awarded which will be judged during the month of February and awarded at the AMVETS State Convention, to be held during the month of June.

***BASIC ELIGIBILITY:***

**US Citizen**

AMVET, Son or daughter or a relative of an AMVET, or a veteran who has exhausted all governmental financial aid.

**Student who have completed a one-year course of study at an accredited University or college. Demonstration of academic achievement (2.5 G.P.A).**

**Demonstration of financial need.**

The AMVETS Department of Florida Scholarship Committee reviews all AMVETS Department of Florida Scholarship applications on a competitive basis. The decisions of this committee are final.

If you would like notification of scholarship results (recipients selected) please enclose a self-addressed stamped envelope with your application.

The Department of Florida Programs Division of AMVETS administers AMVETS Department of Florida Scholarships with funding provided by AMVETS Department of Florida Service Foundation.

**PRIVACY ACT ADVISORY STATEMENT**  
**PLEASE BE ADVISED**

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.

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

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

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

**AMVETS  
DEPARTMENT OF FLORIDA  
SCHOLARSHIP PROGRAM  
APPLICATION FORM**

Review all the instructions, obtain the required forms and documentation, write essay, complete application and financial statement and return to the following address:  
**AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP, THOMAS DIXON,  
CHAIRPERSON, 16136 GARDENDALE DRIVE, TAMPA, FLORIDA 33624.**

**TO THE APPLICANT**

**All applications must be complete and postmarked on or before February 1st.**

The following documents **must accompany this application** to be considered for a scholarship.

1. **Certification of Veterans Status:** Acceptable documents including discharge papers, DD-214 or current letter from the Veterans Administration verifying veteran status or receipt of benefits for applicant, parent, or guardian.
2. College Transcripts and accumulative grade point average.
3. Essay's may not be less than 250 or more than 500 words on "What my goals and objectives will be after graduation".
4. Financial Statement (included with this application) must be verified and signed by the College Financial Aid Officer.

**PLEASE NOTE:** Each applicant must file a Financial Aid Form of the college Scholarship Service of the College Entrance Examination Board. The Financial Aid form should be available at the Financial Aid Office at the College you plan to attend. The address of the College Scholarship Service is listed on the form. This form is then returned to the Financial Aid Office of the College you plan to attend and will be verified by a Financial Aid Officer. In cases in which Financial need, academic records and other data appear to be equal, the written essay will be the determining factor.

**All un-legible Application forms cannot be considered for a scholarship award.**

**PLEASE TYPE OR PRINT LEGIBLY**

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, MI) (Month, Day, Year)
2. SSN: \_\_\_\_\_ Martial Status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
3. Permanent Mailing Address: \_\_\_\_\_
4. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. List in order (beginning with the present school year) schools attended in the last two years:

<b><u>NAME OF SCHOOL</u></b>	<b><u>LOCATION</u></b>	<b><u>DATES ATTENDED</u></b>

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SCHOLARSHIP PROGRAM  
APPLICATION FORM  
(CONTINUED)**

6. Indicate here your cumulative G.P.A. \_\_\_\_\_ College graduation date: \_\_\_\_\_

7. S. A. T. Score: \_\_\_\_\_ A. C. T. Score: \_\_\_\_\_ Other (Specify) \_\_\_\_\_

8. Honors and distinctions received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. List the three most important extra-curricular activities (not jobs) to date:

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

10. List any summer or part-time jobs during the last two years:

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

11. What college do you plan to attend or are attending? (Include address & phone # )

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

12. What professional goals have you attained up to this point?

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

13. What professional goals are you seeking to attain from this point in your career?

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

**ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE FEBRUARY 1<sup>ST</sup>.**  
**PLEASE MAIL ALL COMPLETED APPLICATIONS TO THE FOLLOWING ADDRESS:**

*AMVETS DEPT OF FL SCHOLARSHIP COMMITTEE  
THOMAS DIXON  
16136 GARDENDALE DRIVE  
TAMPA, FL 33624*

**AMVETS  
DEPARTMENT OF FLORIDA  
SCHOLARSHIP PROGRAM  
FINANCIAL STATUS STATEMENT**

This statement is to be used to demonstrate the financial resources and financial need of the AMVETS Department of Florida Scholarship applicant and applicant's family, and will be verified against the Financial Aid Forms and signed by the Financial Aid Officer.

PLEASE PRINT LEGIBLY OR TYPE

1. Name: \_\_\_\_\_

2. Permanent mailing address and phone #: \_\_\_\_\_  
\_\_\_\_\_

3. Please indicate if individual applicant is independent (over 24 yrs of age and earning their own living)

[ ] Yes      [ ] No

If "Yes", how many months has applicant been independent? \_\_\_\_\_

4. Father's name and address: \_\_\_\_\_  
\_\_\_\_\_

5. Mother's name and address: \_\_\_\_\_  
\_\_\_\_\_

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

7. Number and ages of brothers and sisters dependent upon parental support: \_\_\_\_\_  
\_\_\_\_\_

8. Family income:

	NAME	OCCUPATION	ANNUAL GROSS INCOME
Student	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____
Guardian	_____	_____	_____
Spouse	_____	_____	_____

**AMVETS  
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SCHOLARSHIP PROGRAM  
FINANCIAL STATUS STATEMENT (CONTINUED)**

**9. Estimated income and expenses:**

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

SOURCE	DATES		ANNUAL AMOUNT	STATUS (*)
	FROM	TO		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

ESTIMATED INCOME		ESTIMATED EXPENSES	
Personal savings	\$ _____	Tuition & fees	\$ _____
Total earnings	_____	Books & materials	_____
Aid from parents/guardian	_____	Board	_____
Income from spouse	_____	Room (see 9c)	_____
Loans	_____	Personal & recreation	_____
Scholarships:		Other:	
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
Social Security	\$ _____	<b>TOTAL EXPENSES</b>	\$ _____
Other income	_____		
<b>TOTAL INCOME</b>	\$ _____	<b>TOTAL INCOME (-) EXPENSES</b>	\$ _____

**C. Please indicate whether living accommodations are:**  University housing,  Parents home  
 Other (explain): \_\_\_\_\_

**10. Financial Aid Officer's Statement:**

I have reviewed the information submitted in this application, and to the best of my knowledge it is complete and correct, particularly the accuracy of school cost, and estimated family contribution.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**11. In submitting this application, I hereby certify that I am in need of this scholarship to continue my college work. I will use the proceeds of any scholarship aid received for the payment of tuition, fees, board, room, required materials or books. The information submitted in this application is complete and correct and I agree to inform the committee of any changes in my financial status.**

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**PLEASE ATTACH YOUR ESSAY TO THIS PAGE**