





**Donald Rhindress JROTC Award Scholarship Program**

# Authorization to Release Information

I hereby authorize the Department of Florida AMVETS obtain release to the following:

Name:

Address:

The documents to be released are described or listed as:

1. High School Academic Record/Report Card
2. Address
3. SSN
4. Date of Birth
5. Letters of recommendations

The records are required for the specific purpose of: AMVETS Junior Reserve Officer Training Corps (ROTC) Scholarship Program

I understand that my authorization will remain effective from the date of my signature until 31 Dec 2025, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I understand that the scholarship will be awarded in June 2025.

I have read and understand the nature of this release.

Signature: Date:

PRIVACY ACT PROTECTED: This electronic transmission contains information which must be protected under the Privacy Act of 1974 (see 5U.S.C 552a). Do not release outside of AMVETS channels without the consent of the originator's office unless specifically authorized by the Privacy Act. This information is also exempt from disclosure under exemption 6 of the Freedom of Information Act, 5 U.S.C 552. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that dissemination, distribution or copying of this communication is strictly prohibited.

AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP PROGRAM

APPLICATION FORM

# ELIGIBILITY:

The applicant must have at least 2-years of JROTC participation, maintain a minimum 3.0 high school GPA, participate in high school sponsored extra- curricular activities, participate in community service, and maintain a military appearance/demeanor while in the JROTC uniform.

Review all the instructions, obtain the required forms and documentation, write an essay, complete application, and return to the following address:

AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP

SHARON DAVIS, SCHOLARSHIP CHAIR

1014 SKIPPER ROAD TAMPA FL 33613

TO THE APPLICANT

**Applications must be complete and postmarked on or before April 30, 2025.**

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

* 1. High School Transcripts and accumulative grade point average.
  2. Essays may not be less than 250 or more than 500 words on "What my goals and objectives will be after graduation from High School".
  3. Recommendation from JROTC Instructor
  4. Community Service validation

**PLEASE NOTE:** In cases in which 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: (Last) (First) (MI)
2. Date of Birth: (Month, Day, Year)
3. SSN:

Phone:

1. Age: Sex: Email:
2. Permanent Mailing Address:
3. List in order (beginning with the present school year) schools attended in the last two years:

NAME OF SCHOOL LOCATION DATES ATTENDED

7. Name and address of School you will be attending in the fall of 2025.

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8. Student ID No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ATTACH YOUR ESSAY TO THIS PAGE