

VFW POST 3862 SCHOLARSHIP FUND APPLICATION

This Scholarship is a one year award of \$1,000 being offered to an individual who is a son, daughter or grandchild of a VFW Post 3862 Member. If there is no such applicant, the scholarship may then be awarded to an applicant who is a Fayette County Resident.

The winner will be selected by the Old Capitol Foundation and the selection process will be free of any criterion of race, religion or gender with the understanding that the applicants must meet the criteria set forth by the VFW Post 3862.

Please supply all information requested by **April 1st**, and mail this application to: Old Capitol Foundation, The FNB Community Bank Trust Fund, P.O. Box 40, Vandalia, IL 62471.

Relative's name and address, who is a member of the VFW Post 3862.

Name

Address

Phone Number

APPLICATION FOR SCHOLARSHIP

I hereby make application for the VFW POST 3862 SCHOLARSHIP

I intend to enroll in _____ at _____,

for the term beginning _____, 20

I am a graduate of _____ High School,
(Month, Year)

Name _____
(Last) (First) (Middle)

Social Security Number _____ Telephone _____
(Area code & Number)

Home Address _____
(Number & Street) (City) (State) (Zip Code)

County _____ Length of residence in this county _____ years.

Name of Parent or Guardian _____

Address _____
(Number & Street) (City) (State) (Zip Code)

Date and Place of Birth _____

Is anyone dependent upon you for support? Yes No

If yes, name and relationship _____

FAMILY & INCOME

What was your family's adjusted gross income from last year's tax return?

How many family members are living at home?

Of this number, how many are considered dependents?

Of this number of dependents, how many are children?

How many family members are currently attending college / technical school?

Please submit copies of the last two years Federal Income Tax Returns showing Adjusted Gross Income. If applicant is dependent on Parent / Guardian the Parent / Guardian income tax statements must be submitted.

In the space below, discuss your career plans, telling why you have selected the particular career. (If more space is required, attach additional sheet)

If I am awarded this scholarship, I will accept or reject it within 15 days.

I certify that to the best of my knowledge all information given is true and correct.

(Signature of Applicant)

(Signature of Parent or Guardian)

(Date)

(Place)

STATE OF _____ ,

County of _____ ,

Subscribed and sworn to before me this _____ day

20 _____ .

(Notary Public)

My commission expires: