

## **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, First National 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.

### OTHER FINANCIAL CONSIDERATIONS

Please include financial support you expect or do not expect to receive from your family and other sources. Please include any other financial information you would like for the Scholarship Selection Committee to take into consideration when reviewing your application.

### EMPLOYMENT

Are you currently employed? Yes No

If yes, list employer(s), type of work and approximately how many hours you work per week.

Names of two persons other than relatives who know you and could be contacted to verify the information on this application.

Name	Address	Telephone
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Please list the community activities in which you have participated while in high school:

List any special honors or awards received in high school or in the community while in high school.

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: