

STUDENT EDUCATIONAL INFORMATION

High School _____ Phone with (area code) _____

Address _____

City _____ State _____ Zip Code _____

Graduation date _____ Grade Point average _____

Class rank _____ Number in class _____

List honors and distinctions:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

COLLEGE / UNIVERSITY

College you attend or plan on attending _____ Phone with (area code) _____

Address _____

City _____ State _____ Zip Code _____

Grade Point average – most recent transcript _____ This is my 1 2 3 4 year of college

VETERAN INFORMATION

I am eligible or the OHIO DEPARTMENT OF AMVETS SERVICE FOUNDATION SCHOLARSHIP due to honorable service in the Armed Forces of the UNITED STATES OF AMERICA by the following family member(s):

(check all applicable) Myself Parent Grandparent Spouse

_____ Veteran Deceased

Veteran Name _____

Veteran Address _____

Veteran City _____ Veteran State _____ Zip Code _____

Veteran Phone with (area code) _____

STUDENT FINANCIAL STATEMENT

List any grants or scholarships you will receive and their value:

1. _____ 2. _____
 3. _____ 4. _____

1. Total monetary value of all scholarships and grants 1. \$ _____
 2. Amount of financial aid you will receive from your family 2. \$ _____
 3. Amount you have saved for your education 3. \$ _____
 4. Total of any other financial support you will receive 4. \$ _____
 5. Total FINANCIAL SUPPORT available (add lines 1 thru 4) 5. \$ _____
 6. Are you, as a student, listed as a dependent on your parents' income tax return? 6. YES NO
 7. List the name of your or your spouse's employer 7. _____
 8. List your adjusted gross income from your most recent federal income tax return 8. \$ _____
 8a. If married and filing separately, list your spouse's adjusted gross income 8a. \$ _____

If you answered **yes** to line 6 above or if line 2 above was greater than \$0, this section must be completed.

PARENTAL FINANCIAL STATEMENT

 Father's name Marital status Phone with (area code)

 Address

 City State Zip Code

 Mother's name Marital status Phone with (area code)

 Address (put same if parents live in same household)

 City State Zip Code

List your parents' adjusted income from their most recent federal income tax return \$ _____

List adjusted gross incomes, if parents file separately \$ _____ \$ _____

1. Is anyone in your immediate family, other than the applicant, attending an accredited college or university? YES NO
2. If you answered **yes** to the above question, please continue with the following questions, which pertain to those students in your immediate family other than the applicant:
 - A. How many individuals in your immediate family are currently attending an accredited college or university? _____
 - B. Is (are) the student(s) in your immediate family receiving an AMVETS scholarship? YES NO
 - C. Is (are) the student(s) receiving any financial aid? YES NO
 - D. What is the total amount of financial aid? \$ _____

SELECTIVE SERVICE: (Male only)

All 18 year old males are mandated by law to register with the Selective Service System.

I _____ complied with the law and registered on _____

I am not 18 yet however, I will register on _____

PUBLICITY RELEASE

For publicity reasons, and only after the selection of the recipients is made, I hereby authorize the AMVETS Department of Ohio, its agents and representatives to use my name and picture in regard to publications relative to the Service Foundation Scholarship.

Date

Applicant's signature

COMPLETE ALL QUESTIONS AND RETURN TO AMVETS DEPARTMENT OF OHIO.
DON'T FORGET TO ENCLOSE:

- ★ qualified veteran's DD214 or discharge certificate
- ★ grade transcript(s)
- ★ autobiographical statement

PLEASE MAIL, FAX OR EMAIL TO THE FOLLOWING:

SUBMIT TO: EMAIL: admin@ohamvets.org
FAX: 614-431-6991
MAIL: AMVETS Department of Ohio
 960 Checkrein Ave.
 Columbus, OH 43229