



Illinois AMVETS Service Foundation Scholarship Application for High School Seniors

Date: _____

Type or print legibly.

Student Information

Student must be a Illinois High School Senior graduating in 2018 and either a child of a veteran or child of active-duty or grandchild of veteran.

Applicant Name: _____
Last First Middle Date of Birth

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ Phone Number: _____

Select all that apply: Student is a child of veteran active-duty Grandchild of veteran

Scholarship Selection

Please select one scholarship category below. If applying for more than one scholarship, the applicant must provide separate and completed applications with any required supporting documentation. If more than one box is marked, only the Service Foundation Scholarship will be considered. Each scholarship is a one-time \$1,000 award unless noted below.

- Illinois AMVETS Service Foundation Scholarship Illinois AMVETS Junior ROTC Scholarship
Attach copy of participation letter from Instructor
- Illinois AMVETS Trade School Scholarship Illinois AMVETS Sad Sacks Nursing Scholarship*
Attach acceptance letter from nursing program
***Amount to be determined at the time of award**

Academics

The following criteria must be attached to your application:

- Most recent and up to date official high school transcripts
- Explanation of school grading system
- Copy of official ACT and/or SAT score Cumulative G.P.A.: _____ ACT: _____ and/or SAT: _____

Anticipated College/University: _____ Anticipated Major: _____

Financial Need

Total Adjusted Gross Income 2016 or 2017 Tax Year:

Father: \$ _____

Mother: \$ _____

Guardian: \$ _____

Student: \$ _____

Total Income: \$ _____

Total number of dependents under the age of 21 in the household: _____ ,

Is anyone in your immediate family, other than applicant, attending an accredited college or university? _____

Complete all that apply. If selected, all tax documents will be required to verify the income listed within a specified timeframe.

Requirement Checklist:

The following items must be included with your completed application:

- Letter of Recommendation from high school official on school letterhead.
- 100 words or less typed essay answering the following: Why should you be selected for a scholarship? Please describe any academic achievements, community service activities, examples of leadership, or other person characteristics that make you deserving of this scholarship?
- Official High School transcripts with Explanation of grading system
- Copy of ACT and/or SAT score
- Participation letter from Junior ROTC Instructor if applying for **Junior ROTC Scholarship only**.
- Acceptance letter if applying for **Sad Sacks Nursing only**.
- I acknowledge that if I am selected, I will be requested to attend a banquet in my honor on 06/09/2018 in Springfield, IL.

Certification

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the Illinois AMVETS Service Foundation Scholarship Committee and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____

Date ____/____/____

Signature of Parent/Legal Guardian _____

Date ____/____/____

If applicant is under 18 years of age, parent or legal guardian must sign.

Applications must be postmarked by **March 1st**. Applications will not be considered after this date. ONLY selected recipients will be notified by April 15th.

Mail to:

2200 South Sixth Street
Springfield, IL 62703

Questions/Concerns: Call 1-800-638-8387