



**AMVETS LADIES AUXILIARY
DEPARTMENT OF NEW YORK**

**ROSE BALDWIN MEMORIAL
SCHOLARSHIP CHECKLIST**

CHECKLIST OF REQUIREMENTS

- The application must be completed in full and signed by both applicant and his/her sponsor.
- Each auxiliary will submit only one application, signed by the local auxiliary President.
- AN OFFICIAL COPY OF HIGH SCHOOL TRANSCRIPT PLACED IN SEALED ENVELOPE, SIGNED BY STUDENT MUST BE INCLUDED.**
- The copy of a letter of acceptance on official school letterhead from an accredited college or university must accompany the application.
- An essay of approximately 250 words, stating the applicant's goal and objectives for the future must accompany the application.
- Copy of Sponsor's AMVETS Ladies Auxiliary Membership Card.

Department Scholarship Officer
Donna Smith
177 County Route 42
Ft. Covington, NY 12937
Email: dmsmith155@yahoo.com
Home: 518-358-9839
Cell: 315-514-4908



AMVETS LADIES AUXILIARY

DEPARTMENT OF NEW YORK

ROSE BALDWIN MEMORIAL

SCHOLARSHIP APPLICATION

GUIDELINES AND ELIGIBILITY

Amvets Ladies Auxiliary has established a Department Scholarship in the memory of Past Department President Rose Baldwin-original founder of this Department Scholarship, to assist high school seniors in the furthering their education and to recognize academic achievement and student potential goals. Applications will be judged during the department of New York Convention and announced during the President's luncheon. The number of \$500.00 Scholarships will be determined by funds available.

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APPLICATION PROCESS

All applications must be postmarked no later than May 1st. Please make certain that all the required materials are included with the application form.

Any questions please call. All applications should be addressed to:

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STUDENT INFORMATION

Name: _____

Address: _____

Telephone: _____ Birth Date: _____ Graduation Date: _____

High School Now Attending: _____

School Counselor's Name: _____ Telephone: _____

School(s) Accepted To: _____

List all activities in which you have participated in, including offices held and awards received.
(Use separated sheet if needed)

List all hobbies or interests: (Use separated sheet if needed)

List all employment during the last two (2) years:

Parent Information

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Number of brothers: _____ Their Ages: _____

Number of sisters: _____ Their Ages: _____

Number of brothers and sisters presently attending college: _____

SPONSOR INFORMATION

Name of AMVET Ladies Auxiliary sponsor: _____

Relationship of Applicant: _____

CERTIFICATION

I certify that all information on this application is true, complete and accurate to the best of my knowledge. I agree to provide, if requested, any other documentation necessary to verify information reported. Any false information will be case for denial or withdrawal of this scholarship.

Application's Signature: _____ Date: _____

Sponsor's Signature: _____ Date: _____

Auxiliary President: _____ Auxiliary Number: _____ Date: _____

PRIVACY ACT ADDENDUM

The applicant should review information requested. None of the information is required by law and is, therefore, disclosed voluntarily. It will be used in considering the application for the scholarship, publicity and related purposes. Not providing all or part of the requested information may result in an application not being fully considered for this award.

AUTHORIZATION TO RELEASE INFORMATION

Except as special below, all personal information contained in my application for the AMVETS Ladies Auxiliary Department of New York Scholarship may be used by the award sponsor for promotion and publicity purposes.

Exceptions: (Specify personal information which you do not want to be released.)

Signature of Applicant: _____ Date: _____

Note: All decisions of the AMVETS Ladies Auxiliary Department of New York Scholarship Judging Committee are final. The decisions will be made without reference or prejudice to race, color, sex, creed or national origin.