

**VETERANS OF FOREIGN WARS  
ENDOWMENT SCHOLARSHIP INFORMATION COVER SHEET**

**VERY IMPORTANT--READ THIS PAGE BEFORE COMPLETING APPLICATION FORM AND  
RETURN IT WITH YOUR COMPLETED APPLICATION.**

- \* ALL REQUIREMENTS STIPULATED HEREIN **MUST BE** MET; OTHERWISE, THE APPLICATION WILL **NOT** BE CONSIDERED.
- \* **APPLICANTS SHALL BE GRADUATING HIGH SCHOOL SENIORS OR HAVE THE EQUIVALENT OF A HIGH SCHOOL DIPLOMA. APPLICANTS MAY ALREADY BE ENROLLED IN COLLEGE/VOCATIONAL SCHOOL.**
- \* **Previous recipients of a VFW Kansas Endowment Scholarship are not eligible to reapply.**
- \* Only the current form, (“**REV. 06/10**”) appearing in the upper left hand corner of the form), will be accepted for consideration. This form is also available online at <http://www.ksvfw.org>.
- \* **ALL questions must be answered.** If any questions are not applicable, indicate that with the notation **N/A** (NOT APPLICABLE).
- \* Applicant must provide the eligible VFW Post Number: that is the Post or Ladies Auxiliary that the applicant’s parent or grandparent is actively affiliated with in the State of Kansas, or was so at the time of his/her death. Active means either a life member or current dues paid or were so at the time of death. Applicants are advised that affiliation with the VFW or its Ladies Auxiliary is **ONLY** for the purpose of determining eligibility, and otherwise has no bearing on determination of awards.
- \* Applicant **MUST ATTACH** an official 6, 7, or 8 semester high school transcript **AS WELL AS** ACT Test scores. It is appropriate for college students to attach an official college transcript as well. ACT scores may be waived if applicant is 25 years or older.
- \* Each student **MUST FURNISH** a statement from his/her school guidance counselor, or principal if he/she has no guidance counselor; or from his/her college advisor; or from an employer if returning to school; relative to the capabilities, attitude and the participation of the student in the regular school curriculum as well as extra curricular activities.
- \* An optional “Head and Shoulders” photograph may be attached for publicity purposes.
- \* When applications are being considered by the committee, all extracurricular activities, even those of college-age or older, are considered as school/college activities and other/community activities. Therefore, be sure that everything you want to be included is listed for consideration on either a resume/data sheet or in response to the questions.
  
- \* When completed, **this application, coversheet and supporting documents MUST BE RETURNED to the VFW Post/Auxiliary where the Kansas veteran/Auxiliary is a member:**

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(VFW Post/Auxiliary)

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(Address)

(City)

(State)

(Zip Code)

The Commander or Quartermaster (for Post members), or President or Treasurer (for Ladies Auxiliary members) shall review to certify eligibility on page 4. It is this person’s responsibility to forward this application to VFW Endowment Association, P.O. Box 1008, Topeka, KS 66601-1008, (785) 272-6463 no later than **FEBRUARY 1, 2011.**

**RETURN THIS SHEET WITH THE COMPLETED APPLICATION**

**KANSAS VETERANS OF FOREIGN WARS ENDOWMENT ASSOCIATION  
SCHOLARSHIP APPLICATION**

Date \_\_\_\_\_ Sponsored by VFW Post \_\_\_\_\_ District \_\_\_\_\_

1. This application form is for one \$500-\$2,000-1 to 4 year scholarship, given from contributions to this fund by VFW Posts and Ladies Auxiliaries VFW from the State of Kansas.

2. **NOTICE TO SCHOOL OFFICIALS:** This complete form along with a student transcript of grades and other requested material should be returned to the sponsoring VFW Post/Auxiliary Officers as noted on the instruction sheet attached hereto, in sufficient time to allow it to be reviewed and forwarded to the Endowment Association Headquarters in Topeka, KS no later than February 1, 2011.

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3. **Student Applicant Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

4. **Father or Male Guardian: Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Type of Work \_\_\_\_\_ Years \_\_\_\_\_

5. **Mother or Female Guardian Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Type of Work \_\_\_\_\_ Years \_\_\_\_\_

6. List here the names of all other dependent children in applicant's family:

Full Name	Sex	Age	Grade	Living at Home
_____				
_____				
_____				
_____				

7. List the property your parents/family own (**Home, Farm, other real estate, cars, trucks, etc.**) and estimate investment in this property.

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8. List your parents/family **total gross income** for the previous year: \$ \_\_\_\_\_

9. List student's <b>Property Owned</b>	<b>Estimated Value</b>	<b>Unpaid Mortgage</b>
_____	_____	_____
_____	_____	_____

10. Please explain any special family circumstances that the Endowment Committee should consider. (**Divorce, illness, disabilities, etc.**)

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11. List amount of financial support you expect to receive during your first year of school:

- a. From parents \$ \_\_\_\_\_
- b. From student's earnings \$ \_\_\_\_\_
- c. From friends or relatives \$ \_\_\_\_\_
- d. From other scholarships (**Name them**) \$ \_\_\_\_\_
- e. From other sources \$ \_\_\_\_\_

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**TOTAL \$** \_\_\_\_\_

12. List amount of anticipated expenses during your first year in school:

- a. Tuition fees \$ \_\_\_\_\_
- b. Books and supplies \$ \_\_\_\_\_
- c. Room and board \$ \_\_\_\_\_
- d. Other (**explain**) \$ \_\_\_\_\_

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**TOTAL \$** \_\_\_\_\_

13. What classes or activities are/were of special interest or importance to you in high school or college? (List in order of preference.)

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14. What are your plans for a career?

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15. What school do you plan to attend and for how long? (If currently enrolled in college, please indicate how many hours you have already taken and your proposed date of graduation.) If enrolling in a vocational technical school or 2 year training program, please make that clear.

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16. **Attach a standard, formal resume/personal datasheet that lists your achievements, accomplishments, awards, references, work experience, etc. to this application.**

17. **Attach an explanation please to indicate why you want to further your education.**

18. **Attach a statement from your school guidance counselor or principal relative to your capabilities, attitude and participation in the regular school curriculum as well as extra curricular activities. If you have no guidance counselor, then attach a statement from your college advisor or employer.**

**A REMINDER:** Be certain that all information requested on the application is completed. This includes a grade transcript with ACT scores (ACT may be waived if over 25 years of age); a statement from a school counselor or principal or employer; a personal datasheet; and an **optional** "head and shoulders" photograph. Otherwise the application will not be considered.

**NOTE:** This application form may be reproduced if additional forms are not readily available. The information in this application will be used only for the purpose of judging scholarships and will remain confidential. It is also available from <http://www.ksvfw.org> under programs.

#### Checklist for Student

Yes No

- Are you a graduating or graduated High School senior?
- Will you be enrolling in college/vocational classes for the fall semester?
- Are all questions 3-20 completed on form?
- Have you enclosed an official 6, 7, or 8 semester high school transcript or official college transcript if a college student.
- Have you enclosed your ACT scores as requested?
- Is there a statement from High School guidance counselor, principal or employer pertaining to information requested on cover sheet?
- Have you attached a resume/personal data sheet that applies to question 16?
- Did your Parent, Guardian or Grandparent sign the form?

If all questions above are answered yes, please sign and submit to the sponsoring VFW Post/Auxiliary. If any questions are answered no, then form is not complete and will not be considered. Please complete, sign, then submit.

I hereby certify that all information herein is correct and understand that any false information will disqualify this application or revoke a scholarship should one be awarded.

**Signature** of Parent, Guardian or Grandparent \_\_\_\_\_  
(Please circle relationship to student.)

**Signature** of Student \_\_\_\_\_

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The only restriction on this scholarship is that the applicant must be the child of, the grandchild of or a member of the Department of Kansas, Veterans of Foreign Wars or its Ladies Auxiliary. Great-Grandchildren are not eligible. The eligibility for this scholarship is through:

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Kansas Post/Auxiliary No: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**CERTIFICATION:** I hereby certify that this applicant meets eligibility requirements set forth in the above application form.

**Signature** of Post Commander or Quartermaster (**Verifying Post Members Only**)

\_\_\_\_\_  
(TITLE) (Post #) (District #)

Address

For questions concerning Post eligibility contact Department of Kansas VFW Headquarters, PO Box 1008, Topeka, KS 66601-1008, (785) 272-6463.

**Signature** of Auxiliary President or Treasurer (**Verifying Auxiliary Members Only**)

\_\_\_\_\_  
(TITLE) (Post #) (District #)

Address

For questions concerning Auxiliary eligibility contact Jeanette Cox, Dept Treasurer, 1504 Manchester St, McPherson, KS 67460 (620) 241-7475.

Checklist for Post/Auxiliary Chairmen:

Yes No

\_\_\_\_\_ \_\_\_\_\_ Is the scholarship application **complete with all required attachments**?

\_\_\_\_\_ \_\_\_\_\_ Did the appropriate Post Commander or Quartermaster sign the form to verify membership for a Post member?

\_\_\_\_\_ \_\_\_\_\_ Did the sponsoring Auxiliary President or Treasurer sign the form to verify membership for an Auxiliary member?