



AMVETS Department of Ohio Service Foundation Scholarship Application

INSTRUCTIONS

The Ohio Scholarship program provides opportunities for advanced education for veterans or dependents of veterans who desire to attend an institution of higher learning. The Ohio AMVET Service Foundation Scholarship Award is based upon the applicant's scholastic aptitude and demonstration of financial need. Therefore, no applications will be accepted by students who have less than a 3.0 grade point average on a 4.0 scale, or the equivalent.

The Ohio AMVET Scholarship is available to veterans, children of veterans, or husbands/wives of veterans. The scholarship program is for graduating high school students and/or adults who are entering a course of study at an accredited college or university. The scholarship is awarded in the total amount of \$1000.00, payable in full and only applied toward the student's tuition. AMVETS does not discriminate against persons because of age, race, color, creed, religion, disability, gender, ethnic background or national origin.

Scholarships will only be awarded for attendance at an accredited college or university. A total of ten scholarships will be awarded each year. This is a one time scholarship.

ALL APPLICANTS:

The following items **MUST** be received by this office with your application to be considered by the Service Foundation Board:

1. **Copy of eligible veteran's DD214 or discharge certificate indicating 'honorable' separation.**
2. **Brief autobiographical statement outlining why you desire the AMVET scholarship and what your projected goals are in life.**
3. **Transcript of high school grades and (if currently in college) current college transcript.**
4. **A good quality, black and white or color photo.**

FAILURE TO SUBMIT THE AFOREMENTIONED ITEMS PRIOR TO APRIL 1 WILL BE CAUSE FOR DISQUALIFICATION OF YOUR APPLICATION.

FOR OFFICE USE ONLY

APPLICATION # _____

STATUS

NAME

TYPE OR PRINT ALL INFORMATION

STUDENT INFORMATION

Last Name	First Name	Middle Initial	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Address			
City	State	Zip Code	
() Phone with area code		Social Security #	

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 (circle one)

VETERAN INFORMATION

I am eligible for the OHIO AMVET SCHOLARSHIP due to honorable service in the Armed Forces of the UNITED STATES OF AMERICA by the following family member(s):

Myself Father Mother Spouse (check all applicable)

Name of veteran you are applying under _____ Phone with area code _____

Address _____

City _____ State _____ Zip Code _____

Is the above listed veteran disabled? Yes No

If yes, list percentage of disability _____%

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 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 have have not complied with this law (if under 18 at time of application is submitted.) However, I will register _____(enter date). Submission of verification is required.

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 IN A WINDOW ENVELOPE. DON'T FORGET TO ENCLOSE:

- < sponsoring veteran's DD214 or discharge
- < grade transcript(s)
- < picture (good quality black and white or color)
- < autobiographical statement

PUT PROPER POSTAGE ON ENVELOPE AND MAKE SURE ADDRESS IS CLEARLY VISIBLE THROUGH THE WINDOW.

SUBMIT TO: AMVETS Department of Ohio
1395 E. Dublin Granville Rd. STE 222
Columbus, OH 43229-3314

**AMVETS DEPT OF OHIO
1395 E DUBLIN GRANVILLE RD STE 222
COLUMBUS, OH 43229-3314**