



# AMVETS

AMVETS Post #9 / P.O. Box 275  
Green Street, Middletown, Maryland 21769

## 2024 SCHOLARSHIP APPLICATION FORM

The AMVETS Post #9 Scholarship Committee will use information provided in the application confidentially. Falsifying information on this form will be cause for withdrawal from consideration.

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ Year Graduating: \_\_\_\_\_

Email: \_\_\_\_\_

Name of parents or guardians (if applicable) \_\_\_\_\_

Numbers of siblings and/or others residing at home: \_\_\_\_\_

Name and address of the institution you plan to attend:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When do you anticipate enrolling? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Have you applied for other financial assistance? If yes, please state the name of the group(s) that may provide the assistance, the amount of possible assistance, and whether it is still pending or has been approved.

Scholarships \_\_\_\_\_ Amount \_\_\_\_\_ Approved? \_\_\_\_\_

Grants \_\_\_\_\_ Amount \_\_\_\_\_ Approved? \_\_\_\_\_

Employer \_\_\_\_\_ Amount \_\_\_\_\_ Approved? \_\_\_\_\_

My application for this scholarship assures you of my intentions to pursue my education beyond high school graduation. If I am awarded this scholarship and my plans change, I will inform the AMVETS Post #9 Scholarship Committee Chairperson, (301) 371-5115 immediately.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

In addition, a copy of your acceptance letter to the college you will be attending will be required before any scholarships are officially awarded. Funding will be disbursed upon receipt of your grade report at the completion of the semester. Your application, a transcript from your graduating high school, and all references must be submitted to the **AMVETS Post #9, Scholarship Committee, P.O. Box 275, Middletown, MD 21769** and be postmarked no later than **Monday, March 25, 2024**. **LATE ENTRIES WILL NOT BE CONSIDERED FOR ANY REASON.**

Three references are required. Please provide the names, addresses, and telephone numbers of these three individuals. Please get their permission before submitting their names. References may include, but are not limited to, you religious leader, employer, a non-related community member, or a faculty member. However, one of the three references must be from your graduating high school faculty. Applicants are responsible for obtaining and ensuring their references complete a confidential written reference about you for the committee, and having these **included** in your packet in a separate sealed envelope.

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Please answer the following questions, in essay form, on separate sheets of paper (one question per page). Please type the question at the top of the page.

1. What financial needs or family circumstances should be considered as to why you need a scholarship?
2. What are your future goals, and how will scholarship money help you attain you objective?
3. What qualities do you possess that are important to succeed in your field of study?
4. Describe for us how you have demonstrated the desire to help others in your community.
5. Describe for us the extracurricular activities in which you have participated in high school and any special honors or awards you received during this time.