

Date Received \_\_\_\_\_ No. \_\_\_\_\_

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.

\*Kansas VFW Endowment scholarships will be awarded for 1 to 2 year scholarships at a minimum of \$500 per semester. \*Previous recipients of a VFW Kansas Endowment Scholarship are not eligible to reapply.

\*ALL questions must be answered. If any questions are not applicable, indicate that with the notation N/A (Not Applicable). The application form is available online at <http://ksvfw.org> and <http://ksauxvfw.com>.

\*Applicant must provide the eligible **VFW Post Number**: that is the **VFW Post or VFW Auxiliary** that the applicant's eligibility 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 VFW 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 year 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.

\*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 or VFW Auxiliary where the Kansas VFW or VFW Auxiliary member is affiliated. The Commander or Quartermaster (for Post members) or President or Treasurer (for VFW Auxiliary members) shall review and sign to certify eligibility on page 4. It is the Post/VFW Auxiliary 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**.

RETURN THIS SHEET WITH THE COMPLETED APPLICATION.

KANSAS VETERANS OF FOREIGN WARS ENDOWMENT ASSOCIATION  
SCHOLARSHIP APPLICATION

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

1. This application form is for one \$500-\$2,000-1 to 2 year scholarship, given from contributions to this fund by VFW Posts and VFW 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.

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3. Student Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail: \_\_\_\_\_

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

\_\_\_\_\_

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

9. List student's Property Owned      Estimated Value      Unpaid Mortgage

_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_

\_\_\_\_\_

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 \$ \_\_\_\_\_

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) \$ \_\_\_\_\_

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.)

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

14. What are your plans for a career? \_\_\_\_\_

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.

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

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.

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 \_\_\_\_\_

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. 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 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.

The only restriction on this scholarship is that the applicant must be the child of, the grandchild of or a member of the **Kansas Veterans of Foreign Wars or its VFW Auxiliary**. **Great Grandchildren** are not eligible.

The Kansas VFW/Auxiliary eligibility for this scholarship is through:

Kansas Member Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
(TITLE) (Auxiliary #) (District #)

Address: \_\_\_\_\_

For questions concerning VFW Auxiliary eligibility contact Jeanette Cox, Dept. Treasurer, P.O. Box 414, McPherson, KS 67460 (620) 241-7475.

Checklist for Post/Auxiliary Chairmen:

Yes    No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the scholarship application complete with all required attachments?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the Post Commander or Quartermaster sign to verify membership for a Post member? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the Auxiliary President or Treasurer sign to verify membership for               |