A logo with a eagle and stars

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**AMVETS LADIES AUXILIARY 550**

**4645 Airport Road**

**Zephyrhills, Florida 33542**

**2025 Scholarship Application Form**

**$2,000 Award** **for an eligible senior graduating from Zephyrhills High School in**  **2025**

TYPE OR CLEARLY PRINT ALL INFORMATION

APPLICANT INFORMATION

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

Name:  Last     First                      Middle

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address        City             State  Zip Code

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

Telephone Number (10 digit)            Email Address  Date of Birth

Do you expect to receive any other financial aid or scholarships?  Please list all.

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To qualify for this scholarship, you must have a parent, grandparent, aunt/uncle or sibling that served, or is currently serving, in the military. Please provide copy of their DD214.

Application will not be considered without proof of relationship and military service.

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Service Member Name: Last, First

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Branch of Military Dates of service

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

Relationship to Applicant

EDUCATIONAL BACKGROUND

Include transcript with application.

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

High School Name                                                         Telephone Number (10 digit)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Date                          Grade Point Average

Extracurricular Activities, Community Service Projects, Volunteer Activities, Organizations, ROTC, Clubs, Sports, Church activities, Work experience, Leadership and Officer positions, etc.

Number of credited volunteer community service hours in 2024/2025: \_\_\_\_\_\_\_\_\_\_

(Attach an additional page if necessary.)

1.

2.

3.

4.

5.

FUTURE ENDEVORS

University, Community College, Trade or Technical School, Service Academy, Active Military Service.

Please attach your acceptance letter with your application.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of School Telephone Number (10 Digit)

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

Street Address  City                     State            Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Enlisting in the Military, Branch of Service Name and Telephone Number of Military Recruiter

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

Major area of study Anticipated Start Date

ADDITIONAL REQUIREMENTS

1. Write and enclose a 200–500-word essay discussing the following:

What does the word freedom mean and how does it apply to being involved in the American Armed Forces?

1. Include two current Letters of Recommendation from individuals such as teachers, coaches, pastors, or employers;
2. A copy of your transcripts;
3. A copy of your family member’s DD214; and,
4. A copy of your acceptance letter.

AUTHORIZATION TO RELEASE INFORMATION

Except as specified below, all personal information contained in this application for the AMVETS Scholarship may be used by the award sponsor for promotion and publicity purposes.

EXCEPTIONS   Specify any personal information you do not want released:

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

CERTIFICATION

By submitting this application, I do hereby certify:

1. I need this scholarship aid to continue my education or in preparation for Military service.
2. I will use the proceeds of any scholarship aid received for payment of tuition, required fees, required materials, books or supplies.
3. The information submitted in this application is complete and accurate.

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please feel free to contact Pat Schumacher @ (937) 218-9568

Please ensure that you have typed or legibly printed throughout and have included all components before submitting; incomplete applications will not be considered. Documents will not be returned.

Please mail your completed application and copies of supporting documentation to:

Patricia Schumacher AMVETS Auxliary, 35144 McCulloughs Leap, Zephyrhills Fl. 33541

All applications must be postmarked on or before 05/16/2025