

# SCHOLARSHIP APPLICATION

**Florence Veterans of Foreign Wars Post #3635**



# FLORENCE COUNTY VFW POST #3635 SCHOLARSHIP APPLICATION

## **Scholarship Requirements and Guidelines:**

1. Scholarship amount: \$350.00.
2. Applicant must be accepted in a certificate or diploma program at a College, University, Technical or Vocational College.
3. Applicant **must** reside in Florence County and have a **parent** or **grandparent** who is a member of VFW Post # 3635.
4. **Deadline:** All Scholarship applications must be postmarked by **May 11, 2018** and mailed to Scholarship Committee, VFW Post #3635 c/o Mr. Joe Mills P.O. Box 292 Florence, WI. 54121.
5. The Recipient of this scholarship will be notified by telephone by the VFW Scholarship Committee and arrangements made regarding the receipt of the award.
6. Recipient must be able to prove their being registered to attend college prior to receiving this award.
7. Recipient agrees to repay in full scholarship amount if they do not complete the first semester of post/secondary education.
8. The VFW Scholarship Committee reserves the right to make final determinations regarding the interpretation of the above requirements and guidelines.
9. Questions regarding this application may be addressed by contacting Mr. Robert Waliczek at 528-4877.

## **STUDENT/APPLICANT INFORMATION:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**ELIGABILITY INFORMATION:**

The following information is in regards to the parent, stepparent, or grandparent who is a current member of VFW Post #3635:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**COLLEGE INFORMATION:**

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Intended Major or Field of Study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to and understand that if I fail to complete the first semester of post/secondary education, I will return in full payment of the scholarship amount to Florence VFW Post #3635.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_