



**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**