### **COUNTIES FOUR POST 10076**

**VETERANS OF FOREIGN WARS** 

P.O. BOX 13

MOUNTY AIRY, MD 21771



#### 2021

#### **SCHOLARSHIP PROGRAM APPLICATION**

POST COMMANDER – CHAD WRIGHT

YOUTH ACTIVITIES CHAIRMAN - CHRISTOPHER RIVERS

## VETERANS OF FOREIGN WARS COUNTIES FOUR POST 10076 MOUNT AIRY, MD 21771

#### **APPLICATION FOR SCHOLARSHIP GRANT**

### **Student Information**

Name:	Date of Birth:
Place of Birth:	
Harria Addinasa.	
Military Service (Branch) [If Applica	ble]:
Service Dates:	
	School Information
High School, Trade School, or Colleg	ge currently attending:
Name:	Phone:
Address:	
	hool or college, list in order of preference, the institutions of ave applying(ed). (Indicate with an asterisk where you have
1	
3	
Proposed Course of Study:	

# **Parent/Guardian Information**

Name:	Relationship:
Occupation:	
Address:	
Phone:	
Namo:	Polationship:
Name:	
Address:	
Phone:	
Sponsor Infor	mation
Name of Sponsor:	Veteran: Auxiliary:
Relationship to Applicant:	Is Sponsor Deceased?:
Branch of Service:	
Service Dates:	
Sponsor VFW Affiliation: Post/Auxiliary No.	
VFW Location:	
If Active, Reserve, National Guard VFW affiliation and location:	
If no VFW affiliation, provide a copy of a DD-214 or second.	

# **Student Work Experience**

From	То	Employer	Position/Duties

### **School Activities**

Year	Activity	Position

# **Community Activities**

Activity	Position
	Activity

# **References (not relatives)**

Name	Address	Phone Number

#### **Other Information**

The following information is to be submitted to the Scholarship Committee of the Counties Four VFW Post 10076 no later than May 1, 2021:

- 1. High School Academic Transcript, including class rank, SAT and/or other test score results, certified by school registrar, trade school transcripts, or college transcripts.
- 2. Letters of reference from each of the three references listed in this application.
- A brief original essay indicating your career objective and your desire of further education.

#### **Comments**

Please provide any additional information or special facts that you would like the Scholarship Committee to consider in connection with your application (i.e.- VFW Voice of Democracy Contest, VFW Buddy Poppy Contest, VFW Loyalty Day Contest, Boys State or Girls State, Boy Scouts or Girl Scouts, membership in the VFW or its Auxiliary, and extracurricular volunteer activities – youth/church/community). Continue on a separate page if necessary.

# Certification

I affirm that the foregoing information reported on this application is true, correct, and complete. I fully understand that any misrepresentation or incorrect information can lead to disqualification and/or forfeiture of the scholarship grant.		
Date	Student's Signature	
NOTE: The follow	ving is for graduating high school students only.	
Reviewed By:		
School Counselor Signature	Date	
Parent Signature	Date	