



ILLINOIS
AMVETS
Service Foundation



State Headquarters
2200 South Sixth St.
Springfield, IL 62703
(800) 638-8387
(217) 528-4713
Fax: (217) 528-9896
Or visit us online at:
www.ilamvets.org

December 1, 2009

From: Illinois AMVETS Service Foundation
To: Illinois High School Seniors

Re: 2009-2010 Illinois AMVETS Service Foundation Scholarship Program

Enclosed you will find an application and brochure for 2009-2010 Illinois AMVETS Service Foundation Scholarship Program sponsored by Phillip Carpenter AMVETS Post 66 and AMVETS Police Post 18 and Illinois AMVETS Ladies Auxiliary Program. The application and brochure may be photocopied or you may choose to access our website at www.ilamvets.org or call 800.638.8387 for additional scholarship applications and information. The brochure contains a list of the scholarships offered, eligibility requirements and all other pertinent information for each scholarship. Each applicant should ensure that the application is completed and all supporting documentation required for the requested scholarship is submitted. Only those individuals selected will be notified. All applications should be postmarked by the following address no later than March 1, 2010:

Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703

The Illinois AMVETS Ladies Auxiliary Memorial Scholarship and Illinois AMVETS Ladies Auxiliary Worchid Scholarship application should be mailed to the following address no later than March 1, 2009:

Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535

If you have any questions or concerns regarding the AMVETS Scholarship Programs, please contact the AMVETS State Headquarters at 800.638.8387 or by email at crystal@ilamvets.org.

Sincerely,

Crystal Blakeman

Crystal Blakeman
Programs Director
Illinois AMVETS Service Foundation

Illinois AMVETS Service Foundation Scholarship Application

sponsored by

Phillip Carpenter AMVETS Post 66
and AMVETS Police Post 18



Mail to:
Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703

Date: _____
Please type or print application legibly.

Birth date: M _____ D _____ Yr _____

1. Applicant's Name _____
(Last) (First) (Middle)
2. Address _____ Home Phone Number (____) _____
City _____ County _____ State _____ Zip _____
3. High School Name & Address _____ Phone (____) _____
4. Scholarship applying for (see brochure for qualifications): **Postmark Deadline is March 1st** (Please check one box per application; if applying for more than one scholarship, the applicant must provide separate and completed applications to include the requested supporting documentation for each application. If more than one box is marked without proper supporting documentation, the only scholarship the applicant will be considered for will be the Service Foundation Scholarship.)
 - Illinois AMVETS Service Foundation Scholarship - One Year \$1,000 Non-renewable
 - Illinois AMVETS Sad Sacks Nursing Scholarship - Amount to be determined
 - Illinois AMVETS Trade School Scholarship - One Year \$1,000 Non-renewable
 - Illinois AMVETS Junior ROTC Scholarship - One Year \$1,000 Non-renewable
5. Semester Totals for Each Year:
Senior Year #: A's _____ B's _____ C's _____ Junior Year #: A's _____ B's _____ C's _____
Sophomore Year #: A's _____ B's _____ C's _____ Freshman Year #: A's _____ B's _____ C's _____
6. Test Scores: ACT _____ or SAT: Verbal _____ Math _____
7. Class ranking at beginning of senior year _____
8. Name and Address of financial aid office to university attending _____
9. Anticipated Major _____
10. Father's/Stepfather's name & address _____
11. Mother's/Stepmother's name & address _____
12. Guardian's name & address (if other than parent) _____

13. Select one: Child of Veteran Grandchild of Veteran Not a child or grandchild of Veteran (skip to line item 15)
14. Veterans Service Information: Branch _____ Date & Type of Discharge _____
15. Total Adjusted Gross Income Last Calendar Year:
- | | |
|--------------------------------------|----------|
| Father/Stepfather | \$ _____ |
| Mother/Stepmother | \$ _____ |
| Guardian | \$ _____ |
| Applicant's Adjusted Gross Income | \$ _____ |
| Total Combined Adjusted Gross Income | \$ _____ |
16. Number of dependents (including applicant) on parental support _____
17. Class and extra-curricular activities during the past two years; indicate how many offices held (Use a separate sheet of paper if necessary.)

18. Prizes, awards, honors, scholarships and other recognition received in the past two years (Use a separate sheet of paper if necessary.)

CHECKLIST (The following items *must* be included with your application)

- _____ Official transcripts (to include first semester of Senior Year) *Sealed transcript must be included with application.*
- _____ An explanation of the grading system used by the school
- _____ ACT or SAT test scores
- _____ **Trade School Scholarship:** include copy of acceptance letter to a pre-approved trade school
- _____ **Sad Sacks Scholarship:** include copy of acceptance letter to a pre-approved nursing program
- _____ **Junior ROTC Scholarship** applications should include copy of participation letter from a pre-approved Junior ROTC program at the high school

Note: Only those individuals selected for a scholarship will be notified by early April. Within 15 days, those selected must provide a copy of all completed tax forms (including, but not limited to, all schedules) for the prior tax year before the scholarship will be awarded. If the tax information is not provided within this time period, an alternate for the respective scholarship will be selected. Or if the tax information listed above does not match the tax forms sent in, students forfeit any scholarship winnings.

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the AMVETS Department of Illinois Scholarship Committee Illinois AMVETS Service Foundation and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____ Date: ____/____/____

Signature of parent/legal guardian _____ Date: ____/____/____

(If applicant is under 18 years of age, the applicant's parent or legal guardian must also sign.)

POSTMARK DEADLINE: MARCH 1st

Mail to:

**Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703**