

**LADIES AUXILIARY VFW – DEPARTMENT OF CALIFORNIA
APPLICATION FOR THE MARIE KLUGO MEMORIAL
SCHOLARSHIP PROGRAM**

PART I – APPLICATION CRITERIA

The Ladies Auxiliary to the Veterans of Foreign Wars, Department of California offers three (3) scholarships: one (1) to a graduating high school senior, one (1) to a junior college graduate or a continuing university student and one (1) to a nursing applicant.

Each applicant must:

1. Be a son, daughter, grandson or granddaughter of a member in good standing in a California VFW Post or Ladies Auxiliary or a member of an Auxiliary.
2. Be a United States Citizen.
3. Plan to attend and be accepted by a regionally accredited college, university, or School of Nursing, as a full time student, carrying at least 12 units per semester.
4. Have maintained at least a 2.5 grade point average without receiving a failing grade in any given subject.

PART II – AWARDS

Awards will be made out to the College, University or School of nursing in which the student is accepted and plans to attend. Verification of the award will be sent to the student. No cash awards will be given to the recipients. Scholarship awards are as follows:

1. One (1) scholarship in the amount of \$3,000 will be awarded annually to a graduating high school student.
2. One (1) scholarship in the amount of \$3,000 will be awarded to a junior college graduate or a continuing college/university student.
3. One (1) scholarship in the amount of \$3,000 will be awarded to a student pursuing a nursing career.
4. A first year recipient may apply for a second year scholarship in the amount of \$3,000, providing all criteria are met.

PART III – APPLICATION PROCEDURE

1. Completed Application Forms must be received by **April 15th** in the year in which the student is making the application.
2. **Please mail applications to : Ladies Auxiliary VFW – Department of California. 3100 Fite Circle, Suite 108, Sacramento, CA 95827-1805**
3. Applications will be judged by a committee that is appointed by the State President of the Ladies Auxiliary VFW.
4. **The student is responsible for the timely submission of the application.** Any additional questions may be directed to the Department at (916) 361-0932

PART IV – ADDITIONAL REQUIREMENTS

Applicant must also send the following:

1. Proof of membership of the person under whom eligibility is declared.
2. Certificate or letter of acceptance and enrollment in the accredited four-year college or university that the applicant plans to attend.
3. Certificate or letter of acceptance and enrollment in the accredited nursing school that the applicant plans to attend.
4. Official copies of transcripts and cumulative grade point averages for all high schools, colleges or universities the applicant has attended.
5. Copy of SAT and/or ACT test scores from graduating High School seniors applying for this scholarship.
6. Two letters of recommendation – one from an advisor and one from an academic professor or instructor.
7. A statement of financial need. Include a copy of the FAFSA (Free Application for Federal Student Aid)
8. Picture of applicant (wallet size) for publication in the newspaper.

PART V – APPLICATION INFORMATION

A. BIOGRAPHICAL INFORMATION

- 1. Name _____
- 2. Mailing Address _____
- 3. Phone Number _____ Social Security Number _____
- 4. Sex (check one) Female () Male () Date of Birth _____
- 5. Answer the following **as it applies to you:**

HIGH SCHOOL STUDENT

- a. High School (Name) _____
- b. Address _____
- c. Expected Date of Graduation _____

JUNIOR COLLEGE GRADUATE OR CONTINUING COLLEGE/UNIVERSITY STUDENT

- a. College/University (Name) _____
- b. Address _____
- c. Current Status _____ Expected date of graduation _____

SCHOOL OF NURSING COLLEGE OR UNIVERSITY

- a. Nursing School, College or University (Name) _____
- b. Address _____
- c. Current Status _____ Expected date of graduation _____

- 6. Mother's Name _____ Occupation _____
- 7. Father's Name _____ Occupation _____
- 8. Person under whom you claim eligibility

Name _____ Relationship _____ Auxiliary# _____

- 9. Names of Colleges, Universities or Nursing Schools to which you have applied or plan to attend:

FIRST CHOICE _____
(Name) (City) (State)

SECOND CHOICE _____
(Name) (City) (State)

THIRD CHOICE _____
(Name) (City) (State)

- 10. Intended Major: _____ Intended Minor: _____
- 11. State your goals and aspirations in attending a College, University or School of Nursing.

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- 12. **For Nursing applicants only.** Would you consider working as a nurse in a Veterans Administration Hospital? Check one: Yes _____ No _____

School of Nursing Applicants

1. Total GPA – Last two semesters: Date _____ Date _____
Verified by high school or college/university registrar or counselor

(Signature)

2. Send official transcript of all high school or college work completed through the Fall Semester. Must have completed a minimum of 12 semester units or its equivalent if college is on a quarter system.

E. AUTHORIZATION by parent if applicant is under 18 years of age.

1. I understand that this information will be available to and reviewed by members of the selection committee as appointed by the President of the Ladies Auxiliary to the Veterans of Foreign Wars Department of California.

(Signature of applicant, parent or guardian) (Date)

2. I hereby authorize the release of information regarding any scholarship or awards granted to the above student to area newspapers. This information will consist of the name of the student. The school, college, university or school of nursing and major field.

(Signature of applicant, parent or guardian) (Date)

Application of: _____
(Signature of applicant, parent or guardian) (Date)

Auxiliary or Post Seal

Signature of Auxiliary Treasurer or Post Adjutant