



AMVETS
American Veterans

Department of Florida

General
Scholarship
Program

**Authorization to
Release Information**

I hereby authorize the Department of Florida AMVETS obtain release to the following:

Name: _____

Address: _____

The documents to be released are described or listed as:

1. College Academic Record
2. Address
3. SSN
4. Date of Birth
5. Letters of recommendations
6. Family Financial Status
7. Copy of Free Application for Federal Student Aid (FAFSA)
8. Copy of DD-214
9. Copy of AMVETS current membership card
10. Student ID number

The records are required for the specific purpose of: AMVETS General Scholarship Program

I understand that my authorization will remain effective from the date of my signature until 31 Dec 2020, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature: _____ Date: _____

PRIVACY ACT PROTECTED: This electronic transmission contains information which must be protected under the Privacy Act of 1974 (see 5U.S.C 552a). Do not release outside of AMVETS channels without the consent of the originator's office unless specifically authorized by the Privacy Act. This information is also exempt from disclosure under exemption 6 of the Freedom of Information Act, 5 U.S.C 552. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that dissemination, distribution or copying of this communication is strictly prohibited.

AMVETS
DEPARTMENT OF FLORIDA
SCHOLARSHIP PROGRAM
APPLICATION FORM

ELIGIBILITY:

The applicant must have direct association (Service member or family member) with a member of the Department of Florida AMVETS, Ladies Auxiliary, son/daughter and or grandchild of a member of Department of Florida AMVETS.

The applicant must have completed their freshman year in a vocational school, community college, and or university.

Review all the instructions, obtain the required forms and documentation, write an essay, complete application, financial statement, and return to the following address:

AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP
INETTA BULLOCK, CHAIRPERSON
2031 ABBEY TRACE DR., DOVER, FL 33527

TO THE APPLICANT

All applications must be complete and postmarked on or before January 10th.

The following documents must accompany this application to be considered for a scholarship.

1. Certification of Veterans Status: Acceptable documents including discharge papers, DD-214 or current letter from the Veterans Administration verifying veteran status or receipt of benefits for applicant, parent, or guardian.
2. College Transcripts and accumulative grade point average.
3. Essays may not be less than 250 or more than 500 words on "What my goals and objectives will be after graduation".
4. Financial Statement (included with this application) must be verified and signed by the College Financial Aid Officer.
5. Student Identification number

PLEASE NOTE: Each applicant must file a Financial Aid Form of the college Scholarship Service of the College Entrance Examination Board. The Financial Aid form should be available at the Financial Aid Office at the College you plan to attend. The address of the College Scholarship Service is listed on the form. This form is then returned to the Financial Aid Office of the College you plan to attend and will be verified by a Financial Aid Officer. In cases in which financial need, academic records and other data appear to be equal, the written essay will be the determining factor.

All un-legible Application forms cannot be considered for a scholarship award.

PLEASE TYPE OR PRINT LEGIBLY

1. Name: _____
(Last) (First) (MI)

2. Date of Birth: _____
(Month, Day, Year)

3. SSN: _____

4. Marital Status: _____ Age: _____ Sex: _____

5. Permanent Mailing Address: _____

6. List in order (beginning with the present school year) schools attended in the last two years:

NAME OF SCHOOL ATTENDED	LOCATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH YOUR ESSAY TO THIS PAGE

AMVETS
DEPARTMENT OF FLORIDA
SCHOLARSHIP PROGRAM
FINANCIAL STATUS STATEMENT

This statement is to be used to demonstrate the financial resources and financial need of the AMVETS Department of Florida Scholarship applicant and applicant's family, and will be verified against the Financial Aid Forms and signed by the Financial Aid Officer.

PLEASE PRINT LEGIBLY OR TYPE

1. Name: _____

2. Permanent mailing address and phone #: _____

3. Please indicate if individual applicant is independent (over 24 years of age and earning their own living)

Yes ____ No ____

If "Yes", how many months has applicant been independent? _____

4. Father's name and address: _____

5. Mother's name and address: _____

6. Name(s), occupation(s), and business address of guardian(s) if applicable:

7. Number and ages of brothers and sisters dependent upon parental support: _____

8. Family
income:

	NAME	OCCUPATION	ANNUAL GROSS INCOME
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Student:	_____	_____	_____
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Father:	_____	_____	_____
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Mother:	_____	_____	_____
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Guardian:	_____	_____	_____
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