**MISSOURI PAST NATIONAL PRESIDENTS’ SCHOLARSHIP**

**VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY**

The Department of Missouri has two specials ladies, **Mabel** **Tanner** and **Glenneta Vogelsang** who served as National Presidents of the Auxiliary to the Veterans of Foreign Wars. To honor each of these ladies’ year of service, the Department of Missouri Auxiliary offers an **$1800** Scholarship and a **$1200** Scholarship to two deserving high school seniors who are the **sister, brother,** **daughter, son, granddaughter, grandson, great-granddaughter, or great-grandson** of a current member of the Department of Missouri Auxiliary/ VFW.

**PERSONAL INFORMATION**

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| Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name First Name Middle InitialAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State ZipPhone #: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name and Address of College or vocational/technical school enrolled in and plan to attend: |

 **VERIFICATION BY HIGH SCHOOL PRINCIPAL, COUNSELOR, OR HOME SCHOOL TEACHER**

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| This is to certify that: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ranked \_\_\_\_\_\_\_\_\_\_\_in a class of\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name No. of Students in class The date of Graduation will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2024.Comments about applicant should be submitted on a separate page and attached to this form.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal, Counselor, or Home School Teacher Signature |

 **APPLYING UNDER THE ELIGIBILITY OF**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VFW or Aux. Member’s NameMember of Auxiliary/Post #: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_**(Eligibility must be verified through the Post/Aux. in which the member belonged.)**This is to verify we have checked the eligibility of the student.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Auxiliary President Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Auxiliary Scholarship Chairman Signature:Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **To be considered you must submit**: 1. Your completed application. 2. Letters of recommendations from **one** of your current instructors/**one** from a counselors/principal/home school teacher 3. A copy of your transcript. 4. A brief essay (300 words max) highlighting your community involvement, your volunteer activities, the honors you have received, and any organizations you participated in or outside your school. |

**Send all required information to:**

**Melinda Ross, 19688 Independence Rd, Lebanon, MO 65536**

**Due No later than April 15, 2024**