

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

1.12		011
Applicant Name:		
Last Name	First Name	Middle Initial
Address:		
Street City	State	Zip
Phone #: () Cell #:	: () Date	of Birth:
Parent/Guardian Name:		
Parent/Guardian Address: Parent/Guardian phone: () Name and Address of College or vocational		
Parent/Guardian phone: ()	Cell #:	
Name and Address of College or vocational	/technical school enrolled in	and plan to attend:
VEDIELG A MION DIVINGUI GOUGOL I		
VERIFICATION BY HIGH SCHOOL F	<u> PRINCIPAL, COUNSELOI</u>	R, OR HOME SCHOOL TEACHER
This is to certify that:Student's Name	ranked	in a class of
Student's Name	2024	No. of Students in class
The date of Graduation will be	2024.	
Comments about applicant should be submi	tted on a separate page and a	ttached to this form.
Principal, Counselor, or Home School Teacher Signa	_ Title:	Date:
Principal, Counselor, or Home School Teacher Signa	iture	
APPLYINO	G UNDER THE ELIGIB	ILITY OF
Name:	Relationship to Applic	cant:
VFW or Aux. Member's Name		
Member of Auxiliary/Post #: A		District:
(Eligibility must be verified through the Post/	Aux. in which the member be	longed.)
This is to verify we have checked the eligibit	ility of the student.	
		_ Phone No.:
Auxiliary President Signature:		
		Phone No.:
Auxiliary Scholarship Chairman Signature:		
Applicant Signature:		
To be considered you must submit: 1. Yo	our completed application	
2. Letters of recommendations from one		no from a counselors/principal/homo
school teacher	or your current mistructors/0	me from a counscions/principal/nome
3. A copy of your transcript.	ativitina and an analysis of the state of	
4. A brief essay (300 words max) highligh	ghting your community invol	Ivement, your volunteer

Send all required information to: Melinda Ross, 19688 Independence Rd, Lebanon, MO 65536 <u>Due No later than April 15, 2024</u>

activities, the honors you have received, and any organizations you participated in or outside your school.