



# NATIONAL AMVETS RIDERS RIDERS SCHOLARSHIP HIGH SCHOOL /COLLEGE



The NATIONAL RIDERS Scholarship Program provides opportunities for advanced education for members of AMVETS RIDERS and family: wives, husbands, children and grandchildren, who desire to attend an institution of higher learning. The RIDERS Scholarship Award is based upon the applicant's scholastic aptitude.

The NATIONAL RIDERS Scholarships are for undergraduate students who are entering an accredited College, University, Junior College, Community College, Trade and/or Technical School. The scholarship is for a student in good standing.

**THESE AWARDS ARE PAYABLE IN A GRANT OF \$1000.00 each**

The following items must be received at National AMVETS Riders Headquarters with your application, to be considered by the National AMVETS Riders Scholarship Committee. Failure to submit the items listed below prior to April 15th will be cause for disqualification of your application.

- \*1. Verification of Eligibility by Membership for current membership year
- 2. Brief autobiographical statement outlining why you desire the OPEN Scholarship, and what your projected goals are in life.
- 3. Transcript of most current grades, either high school or college.
- 4. Good quality black and white or color photograph.

**TYPE OR PRINT ALL INFORMATION**

**STUDENT DATA:**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Area Code</b>	<b>Telephone Number</b>	<b>Date of Birth</b>	

**TYPE OR PRINT ALL INFORMATION**

**STUDENT EDUCATIONAL BACKGROUND**

---

High School Name	Area Code	Telephone	
Street Address	City	State	Zip
Graduation Date	Grade Point Average		

---

**LIST HONORS AND DISTINCTIONS**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**COLLEGE / UNIVERSITY**

---

College / University Name	Area Code	Telephone	
Street Address	City	State	Zip
Major / Program of Study			

---

**\*ELIGIBILITY STATEMENT:**

I am eligible for the National AMVETS Riders Scholarship based upon the relationship of the member named below:

---

First Name	Last Name	Area Code	Telephone	
Street Address	City	State	Zip	Chapter #
Relationship to name above	CHAPTER #	MEMBERSHIP #		

---

**TYPE OR PRINT ALL INFORMATION**

**\*STUDENT FINANCIAL DISCLOSURE**

**1. List all Grants or Scholarships you have received and their value**

**a.** \_\_\_\_\_ **d.** \_\_\_\_\_

**b.** \_\_\_\_\_ **e.** \_\_\_\_\_

**c.** \_\_\_\_\_ **f.** \_\_\_\_\_

**2. Total monetary value of all Scholarships and Grants** \$ \_\_\_\_\_

**3. Other financial support you will receive** \$ \_\_\_\_\_

**TOTAL OF NUMBER 2 & 3 ABOVE** \$ \_\_\_\_\_

**PUBLICITY RELEASE**

**For publicity reasons, and only after the selection of the recipients are made, I hereby authorize the NATIONAL AMVETS RIDERS and NATIONAL AMVETS HEADQUARTERS, its agents and representative to use my name and picture in regard to publications relative to the NATIONAL AMVETS RIDERS.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**MAIL COMPLETED APPLICATION WITH REQUIRED ATTACHMENTS TO:**

**NATIONAL AMVETS RIDERS HEADQUARTERS  
14 REID PLACE, PALM COAST, FL 32164**

**\*\*\*\*APPLICATION DEADLINE IS APRIL 15<sup>TH</sup>\*\*\*\***