



NATIONAL AMVETS RIDERS RIDERS SCHOLARSHIP HIGH SCHOOL /COLLEGE

The NATIONAL AMVETS 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:

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

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
Att: Karen Cox
14 Reid Place, Palm Coast, FL. 32164

******APPLICATION DEADLINE IS APRIL 15TH******