



AMVETS

Department of Illinois

State Headquarters
2200 South Sixth Street
Springfield, IL 62703

(800) 638-8387
(217) 528-4713
Fax: (217) 528-9896
www.ilamvets.org

November 1, 2011

From: Illinois AMVETS Service Foundation
To: Illinois High School Seniors

Re: 2011-2012 Illinois AMVETS Service Foundation Scholarship Program

Enclosed you will find an application and brochure for 2011-2012 Illinois AMVETS Service Foundation Scholarship Program. The applications and brochure may be photocopied or you may choose to access our website at www.ilamvets.org or call 800.638.8387 for additional scholarship applications and information. The brochure contains a list of the scholarships offered, eligibility requirements and all other pertinent information for each scholarship. Each applicant should ensure that the application is completed and all supporting documentation required for the requested scholarship is submitted. Only those individuals selected will be notified. All Illinois AMVETS Service Foundation Scholarship applications should be postmarked to the following address no later than March 1, 2012:

Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703

The Illinois AMVETS Ladies Auxiliary Memorial Scholarship and Illinois AMVETS Ladies Auxiliary Worchid Scholarship application should be mailed to the following address no later than March 1, 2012:

Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535

If you have any questions or concerns regarding the AMVETS Scholarship Programs, please contact the AMVETS State Headquarters at 800.638.8387 or by email at crystal@ilamvets.org.

Sincerely,

Crystal Blakeman

Crystal Blakeman
Programs Director
Illinois AMVETS Service Foundation

Illinois AMVETS Service Foundation Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Have taken the ACT or SAT

Illinois AMVETS Sad Sacks Nursing Scholarships

ONE-YEAR SCHOLARSHIP
AMOUNT TO BE DETERMINED

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior who has been accepted into a pre-approved nursing program, (A copy of an acceptance letter must accompany the application.) or may already be a student in an approved School of Nursing in the State of Illinois.
- Prove satisfactory in academic record, character, interest and activity record, and financial need.

Priority will be given to the dependent of a deceased or disabled Veteran. The scholarship will be given to a student nurse-in-training.



Illinois AMVETS Junior ROTC Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior
- Have taken the ACT or SAT
- Participate in the Junior ROTC program

Illinois AMVETS Trade School Scholarships

ONE YEAR \$1,000 NON-RENEWABLE SCHOLARSHIP

To be eligible for this scholarship, the applicant must:

- Be an Illinois High School Senior who has been accepted in a pre-approved trade school program. A copy of an acceptance letter must accompany the application.

For each scholarship offered, preference will be given to all applicants who are a child or grandchild of a Veteran.

DEADLINE:

ALL APPLICATIONS MUST BE
POSTMARKED BY MARCH 1ST.

PLEASE MAIL AMVETS SCHOLARSHIPS TO:

AMVETS Department of Illinois
State Headquarters
2200 South Sixth Street
Springfield, IL 62703

217.528.4713
800.638.8387
FAX: 217.528.9896



ONLY THE WINNING SCHOLARSHIP RECIPIENTS
WILL BE NOTIFIED BY MAY 1ST.

The Illinois AMVETS and the Illinois AMVETS Ladies Auxiliary will do the judging of the scholarship applications submitted. The winners will select the college of their choice. You may obtain an application by writing to the address provided or from the Illinois AMVETS website:
www.ilamvets.org

14. Veterans Service Information: Branch _____ Date & Type of Discharge _____

15. Total Adjusted Gross Income Last Calendar Year:
Father/Stepfather \$ _____
Mother/Stepmother \$ _____
Guardian \$ _____
Applicant's Adjusted Gross Income \$ _____
Total Combined Adjusted Gross Income \$ _____

CHECKLIST (The following items *must* be included with your application)

- _____ Official transcripts (to include first semester of Senior Year)
- _____ An explanation of the grading system used by the school
- _____ ACT or SAT test scores
- _____ Trade School Scholarship: include copy of acceptance letter to a pre-approved trade school
- _____ Sad Sacks Scholarship: include copy of acceptance letter to a pre-approved nursing program
- _____ Junior ROTC Scholarship applications should include copy of participation letter from a pre-approved Junior ROTC program at the high school

Note: Only those individuals selected for a scholarship will be notified by early April. Within 15 days, those selected must provide a copy of all completed tax forms (including, but not limited to, all schedules) for the prior tax year before the scholarship will be awarded. If the tax information is not provided within this time period, an alternate for the respective scholarship will be selected. Or if the tax information listed above does not match the tax forms sent in, students forfeit any scholarship winnings.

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, room and board, required books or materials. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the AMVETS Department of Illinois Scholarship Committee Illinois AMVETS Service Foundation and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS to use a photograph (or other likeness), as well as personal information about me (family, name, hometown, etc.), or statements for publicity purposes, which may include, but is not limited to, publication in newspapers, brochures, catalogs and the AMVETS website.

Student's Signature _____ Date: ____ / ____ / ____

Signature of parent/legal guardian _____ Date: ____ / ____ / ____
(If applicant is under 18 years of age, the applicant's parent or legal guardian must also sign.)

POSTMARK DEADLINE: MARCH 1st

Mail to:

**Illinois AMVETS Service Foundation
2200 South Sixth Street
Springfield, IL 62703**

15. Total Adjusted Gross Income Last Calendar Year:

Father/Stepfather/Guardian \$ _____

Mother/Stepmother/Guardian \$ _____

Applicant's Income \$ _____

Total Combined Income for Last Year \$ _____

16. Number of children, including the applicant, dependent upon parental support _____

a. How many currently in Grades K-12 _____

b. How many currently in College _____

17. Total amount of money available first year of college _____

a. From Family \$ _____

b. From Applicants Savings \$ _____

18. Class and extra-curricular activities. Indicate any offices held, prizes, awards, honors, and other recognitions received in the past two years. (Use a separate sheet of paper if necessary.)

***CHECK LIST* (YOU MUST INCLUDE THE FOLLOWING WITH YOUR APPLICATION):**

___ Official Transcripts through first semester of senior year

___ An Explanation of the Grading System used by the school

___ ACT or SAT Test Scores

CERTIFICATION

In submitting this application, I hereby certify that I am in need of this scholarship aid. I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board and room, required materials or books. The information submitted in this application is complete and correct.

I hereby certify that all of the information I have provided within the entire scholarship application is true and correct to the best of my knowledge. I understand that if any information submitted with the scholarship application is determined to be false or misleading (including any omission of material information), I will be disqualified from consideration for the scholarship. I agree to abide by the rules established by the Illinois AMVETS Ladies Auxiliary Scholarship Committee and am cognizant that all decisions rendered by the committee are final. I further give consent to allow AMVETS and AMVETS Ladies Auxiliary to use a photograph (or other likeness) as well as personal information about me (family, name, home town, etc.), or statements for publicity purposes which may include publication in newspapers, brochures, catalogs, and the AMVETS web site.

Applicant's Signature _____ Date: ____/____/____

Signature of parent/legal guardian _____ Date: ____/____/____

(Application will not be considered unless signed by a parent or legal guardian even though applicant may be of legal age)

Postmark Deadline is March 1ST

**Mail to: Illinois AMVETS Ladies Auxiliary
P.O. Box 372
Groveland, IL 61535**