

The Golden Valley VFW Post 1894 Auxiliary Memorial Scholarship

TO QUALIFY FOR THIS \$500 SCHOLARSHIP, THE APPLICANT MUST BE:

1. A GRADUATING SENIOR IN THE CURRENT YEAR ATTENDING HIGH SCHOOL (OR HOMESCHOOL) IN HENRY COUNTY.
2. ACCEPTED INTO **TRADE/TECHNICAL/CERTIFICATION PROGRAM, COLLEGE OR UNIVERSITY.**
3. ABLE TO DOCUMENT AT LEAST 20 HOURS OF COMMUNITY SERVICE
4. SOMEONE WHO HAS EXPERIENCED ADVERSITY (A BARRIER OF SOME KIND - SUCH AS POVERTY, FOOD INSECURITY, HOMELESSNESS, DISABILITY, MENTAL ILLNESS, PHYSICAL ILLNESS, DEATH OF A CLOSE FAMILY MEMBER, ETC.)

APPLICANT INFORMATION:

Last Name:_____ First Name:_____ Middle Initial:_____
Mailing Address _____ City:_____ Zip Code:_____
Phone:_____ Email:_____

FAMILY INFORMATION:

Father's Name:_____ Mother's Name:_____
Phone:_____ Phone:_____
Email:_____ Email:_____

QUALIFICATION SUMMARY:

1. I will graduate from (school name) _____ on (date) _____.
2. I have been accepted into (school) _____ at (address) _____.

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QUALIFICATION SUMMARY (Continued):

3. Use the chart to document at least 20 hours of volunteer service in the community (work that was unpaid, done for individuals or organizations).

Description of activity	Approximate number of hours	Name of individual or organization served

4. Describe in your own words how you have been affected by adversity in your life.

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SUPPLEMENTAL INFORMATION

WHILE NOT REQUIRED, THE FOLLOWING INFORMATION MAY BE USED TO DETERMINE THE RECIPIENT OF THIS SCHOLARSHIP.

1. Do you have a relative who is a member of the VFW or VFW Auxiliary? ____ YES ____ NO

Name, VFW Post or Auxiliary Number & Location (if applicable):

2. Will you be using A+ funds to pay for school? ____ YES ____ NO

3. Use the chart to document significant school activities and awards during the last 4 years:

Club, Society, Sport, Extracurricular Activity, Award	Grade Participated (9, 10, 11, 12)	Did you hold an officer/leadership role? (Yes No N/A)

4. Are you related to an active duty or honorably discharged military veteran?

Name of Service Member: _____

Branch of Service: _____ Relationship to Student: (i.e. Parent, Sibling, etc.) _____

DEADLINE: APRIL 6, 2026

Completed applications may be emailed to vfwaux1894@gmail.com, or mailed to 510 W Allen St. Clinton, MO 64735 attn: Auxiliary Scholarship Committee