

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 |
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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) |
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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