

Arizona VFW Auxiliary Merit Scholarship APPLICATION

THIS APPLICATION SHOULD BE THE 1ST PAGE IN YOUR BINDER

<u>Applicant Information</u>	Date _____
Applicant Name _____	
Address _____	City _____ Zip _____
Telephone No. (____) _____	Social Security No. _____
Parents or Guardian Names _____	
High School _____	
Address _____	City _____ Zip _____
<u>Sponsor Information</u> (VFW or Auxiliary Member under whose membership you are applying) OR <u>Member Information</u> , if Applicant is an Auxiliary Member	
Member Name _____	
Member of Post / Auxiliary No. _____ Located in _____	
<i>Please attach a copy of current membership card.</i>	
Your Relationship to Member:	
Son _____ Daughter _____ Granddaughter _____ Grandson _____	
Brother _____ Sister _____ Other _____	
Applicant Signature (Required) _____	
Parent / Guardian Signature _____	

Sponsored by VFW Auxiliary to Post _____	549 (Tucson, AZ) _____
Auxiliary President Signature _____	
Auxiliary Scholarship Chrm. Signature _____	

**Completed Application & Binder must be sent by your local Post to the Department
Chairman no later than April 1, 2020.**

Department Scholarship Chairman Brenda Kinghorn
P.O. Box 1108
Pinetop, AZ 85935
Phone: 928-205-1066 Email: breadfriend@msn.com

Winners will be notified by Department Chairman Brenda Kinghorn