



**AMVETS**

**DEPARTMENT OF MARYLAND**

**SCHOLARSHIP PROGRAM**

*Department Scholarship Packet*

Eligibility Requirements

AMVETS History

Scholarship Application

Financial Information

**Mail to:**

AMVETS Dept. of Maryland  
Scholarship

Attn: Ed McKinnon

26 Apples Church Road

Thurmont, MD 21788

\*Application due on or before: APRIL 15, 2020

**A special note from Scholarship Chairman Ed McKinnon  
(717-968-8044)**

Dear Student,

The application forms provided to you regarding the AMVETS Department of Maryland scholarship it is important and must be filled out entirely.

Note: If you are a college student, please provide your current college scores.

If you have any questions, please call me directly.

I look forward to hearing from you.

*Ed McKinnon*

Scholarship Chairman

# HISTORY OF AMVETS

AMVETS traces its history back to World War II when returning servicemen began organizing independent veterans clubs throughout the country. In 1944, Colliers magazine published a special Veterans Day issue to introduce the clubs and their mutual aims: 1) To promote world peace, 2) To preserve the American way of life, and 3) To help the veteran to help himself.

One month later, representatives of nine veterans clubs met in Kansas City, MO and forged a national organization known as the American Veterans of World War II – or AMVETS as newspaper headline writers took to calling it. In-1946, AMVETS petitioned Congress for a federal charter that was granted and signed into law by President Harry S. Truman on July 23, 1947.

Since then, the original charter has been amended several times to admit as members those who served in different eras. Membership in AMVETS is open to anyone who is currently serving, or who has honorably served, in the Armed Forces of the United States - to include National Guard and Reserve components - at any time after September 15, 1940.

AMVETS actively follows legislation on Capitol Hill and plays a key role in the enactment of all veterans' legislation. It views domestic issues, national defense and foreign relations as vitally important,

AMVETS national service officers (NSOs) across the country provide free expert advice and claims assistance to veterans and their dependents. NSOs are accredited by the Department of Veterans Affairs and handle thousands of claims annually for veterans to obtain their entitled benefits.

AMVETS also has Veterans Affairs Voluntary Service (VAVS) representatives and other member volunteers who serve in VA hospitals and devote thousands of hours each year to brighten the lives of hospitalized veterans. Over 1,300 posts throughout the country, AMVETS members participate in a wide range of programs including scouting, substance abuse awareness and Freedom Foundations.

## AMVETS GOALS

- To serve our country in peace as in war, to build and maintain the welfare of the United States of America toward lasting prosperity and peace for all its inhabitants.
- To encourage, in keeping with policies of our government, the establishment of a plan to secure permanent international peace and to assist in the maintenance of that peace.
- To inspire in our membership a sense of responsibility and to develop leadership for the preservation of our American democratic way of life.
- To help unify divergent groups in the overall interest of American democracy.
- To train our youth to become purposeful citizens in a democracy with full knowledge of the responsibilities as well as principles of citizenship.
- To cooperate with all duly recognized existing veteran's organizations in the furtherance of the aims of all veterans.
- To insure the orderly return of the veteran to civilian life by protecting his rights as an individual while still in uniform.
- To expedite and assist in the rehabilitation of the veteran by maintenance of employment services, sponsoring educational opportunities, and providing counsel on insurance, housing, recreation, personal problems, hospitalization and veterans benefits.
- To act as a liaison agent between the veteran and the government.
- To provide an organization to encourage fellowship among all veterans of World War II, Korea, Vietnam, and those serving in the Armed Forces of the United States thereafter.
- To keep the public forever reminded that the veteran fought or served to preserve peace, liberty and democracy for their nation.

# AMVETS Department of Maryland Scholarship Program



## Eligibility Requirements – One Year Program

I. Who can apply:

A graduating high school or college student currently enrolled in an accredited graduate program who is a child or grandchild of a Member of the Department of Maryland AMVETS.

II. The scholarship applicant must:

- \*be a U.S. Citizen,
- \*demonstrate academic achievement, and
- \*demonstrate involvement in extracurricular activities.

Completed applications and required forms must be postmarked

**On/or before →**

APRIL 15, 2020

**& Mailed to →**

AMVETS Department Scholarship

Scholarship Chairman Ed McKinnon  
26 Apples Church Road  
Thurmont, Maryland 21788

- This is a one year Scholarship and eight (8) recipients will receive \$1000.00 each.
- Selection is based on Merit.
- Funding for this one year Scholarship program is provided by the AMVETS Department Service Foundation.

**AMVETS Department of  
"A Veterans Organization with a Heart"**

**Application Form**

- Incomplete applications will not receive consideration. AMVETS Department Scholarship program personnel are not responsible for acquiring any data or forms for applicants.
- Do not include materials not specifically requested such as resumes, recommendations etc.

All forms must be completed and follow "required" materials included with the application:

- A. Transcript of High School grades, including rank in class.
- B. Standard ACT or SAT test results.
- C. College acceptance letter.
- D. Include your written essay (350 + words) on the following:  
    My Responsibility to America
- E. Financial Aid data. (Please note the Financial Aid Form is available from your high school or Financial Aid Office of the College you plan to attend.)

**Please PRINT legibly or type**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_ College GPA: \_\_\_\_\_

Honors & Awards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the three (3) most important extracurricular activities (not employment) during High School or College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List summer & part-time jobs during High School or College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted to what College/University, trade or Technical School? Include address & phone number: \_\_\_\_\_

What major course of study do you plan to follow: \_\_\_\_\_

**Privacy Act Advisory Statement**

The Privacy Act of 1974 (Public Law 93-579) requires that certain information in connection with this request be given to you. In accordance with the requirements of the Act:

1. The authority for the collection of this data is Public Law 93-642.
2. Submitting the requested information is voluntary.
3. The main purpose of which the data will be used is the selection of scholarship winner in AMVETS Department Scholarship program.
4. Other routine use of the data is for news releases.
5. Failure to complete the forms will mean that you cannot be included among those Applicants being considered for awards in the AMVETS Department Scholarship program.

**CERTIFICATION**

I hereby certify that the proceeding information is true and correct to the best of my knowledge. I agree to abide by the rules established by the AMVETS Department Scholarship Committee and I am cognizant that all decisions rendered by the committee are final. I further give consent to the AMVETS to use photographs or other likenesses or statements for publicity purposes.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

If applicant is under 18 years of age, the applicant's parent or guardian must also sign. Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ AMVETS Member's Post #: \_\_\_\_\_

Membership #: \_\_\_\_\_

**All completed applications and required materials must be enclosed in the same envelope and post marked on/ or before the dead line date of April 15, 2020.** Please use a 9 x 12 or larger envelope to protect the application materials and facilitate handling.

Scholarship funding is provided by the AMVETS Department of Maryland Service Foundation.

**Address all AMVETS Department Scholarship Program Correspondence to:**

AMVETS Department Scholarship  
Attn: Chairman Ed McKinnon  
26 Apples Church Road  
Thurmont, Maryland 21788

# FINANCIAL STATUS STATEMENT

This statement is to be used to demonstrate the financial need of the AMVETS Department Scholarship applicant, the applicant's family and will be verified and signed by the College Financial Officer.

**Please PRINT legibly or type**

Name: \_\_\_\_\_  
(Last, First and Middle Initial)

Is the individual applicant independent (over 24 years of age and earning their own living)?  Yes  No  
 If yes, how many months has the applicant been independent? \_\_\_\_\_

Father's Name/Address: \_\_\_\_\_

Mother's Name/Address: \_\_\_\_\_

Guardian's Name/Address if applicable: \_\_\_\_\_

Number and ages of brothers/sisters dependent upon parental support: \_\_\_\_\_

### Family Income

	Name	Occupation	Annual Gross Income
Student:	_____	_____	_____
Father:	_____	_____	_____
Mother:	_____	_____	_____
Guardian:	_____	_____	_____
Spouse:	_____	_____	_____

Scholarships and loans which you anticipate receiving or have applied for which will cover the period of aid requested in this scholarship application.

**Check appropriate Box**

Source	Dates		Annual Amount	Financial Aid	
	To	From		Applied For	Received
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Applicants Statement:**

In submitting this application, I hereby certify that:

- I am in need of this scholarship aid to continue my college work,
- I will use the proceeds of any scholarship aid received for the payment of tuition, required fees, board, room, required materials or books,
- The information submitted in this application is complete and correct and I agree to inform the committee of changes in my financial circumstances.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

All completed applications/required materials must be enclosed in the same envelope and postmarked on/or before April 15<sup>th</sup>.

## Financial Status Statement (Continued)

### Estimated income and expenses (continued)

The following information should be submitted for the same period as aid is requested.

Estimated Income		Estimated Expenses	
Personal Savings		Tuition and Fees	
Total Earnings		Books and Materials	
Aid from parents or guardian		Board	
Income from spouse		Room	
Aid from other relatives		Please indicate whether living accommodations are: <input type="checkbox"/> University Housing <input type="checkbox"/> Parent's Home <input type="checkbox"/> Other (explain) : _____	
Loans			
Scholarships: Only ones received			
Grants		Lunches and travel Expenses	
Social Security		Personal and Recreational	
Veterans Benefits			
Welfare Aid			
Other Resources			
<b>Total Estimated Income</b>		<b>Total Estimated Expenses</b>	
<b>Differences: (Total Estimated Income minus Total Estimated Expenses)</b>			

### Financial Aid Officer's Statement (Must be signed by college's financial aid officer)

I have reviewed the information submitted in this application and, to the best of my knowledge, it is complete and correct, particularly the accuracy of the school costs and estimated family contribution.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

College: \_\_\_\_\_