

Frank N. Brown VFW/VFWA Scholarship Program

(Please read Instructions and this application thoroughly before completing and submitting)

Eligibility:

VFW MEMBER	VFW AUXILIARY MEMBER
GRANDFATHER GRANDMOTHER FATHER MOTHER	GRANDMOTHER MOTHER
Member Name: _____	Member Name: _____
Membership Card #: _____	Membership Card #: _____
Deceased? YES NO	Deceased? YES NO
Life Member? Yes NO	Life Member? Yes NO
Date last Annual dues Paid: (Not required if Life Member)	Date last Annual dues Paid: (Not required if Life Member)

Applicant Information:

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

- Are you the first person in your immediate family to attend college? YES NO
- What secondary schooling will you be attending? College/University Technical/Trade
- What is your intended Occupation/Profession/Course of study? _____

- In Resume or spreadsheet format attach a complete list of all extracurricular activities both school and community based. Include all years in each activity, any leadership positions, and any awards. Do not send photocopies.

To be completed by Principal or School Representative:

Grade Point Average: _____

Recommending remarks of Principal or School Representative: (Send Attachment if more space needed).

Signature of Principal or Representative: _____

*Veterans of Foreign Wars of the United States
And its Ladies Auxiliary*

**Frank N. Brown VFW/VFWA Scholarship Program
INSTRUCTIONS**

The Frank N. Brown Scholarship Program is a Wisconsin program. Applicants must reside in Wisconsin and their eligibility must come from Wisconsin VFW/VFWA members.

APPLICATION DEADLINE: 30 APRIL, 2009

Eligibility: Applicant must be a grandson/granddaughter/son/daughter of a VFW or VFW Ladies Auxiliary member. That member must be current with 2009 membership dues. If the member is deceased, they must have been current with their dues in the year of their death. The VFW Post Quartermaster or VFWA Post Treasurer must verify this. Only one eligible VFW or VFWA member needs to be listed. Make sure all appropriate information is completed in the membership eligibility table on application.

Required attachments:

Counselor: It is necessary to make sure all the following listed records accompany this application. Failure to do so will automatically disqualify the applicant.

- Resume or spreadsheet of extracurricular activities. Be sure name is on this attachment.
- Scholastic aptitude ACT/SAT or other comparable test as required by school the applicant will be attending.
- Applicant class records (Transcript)
- Copy of Financial Aid Form or first page of parent's current 1040 Tax form. Be sure to block out ALL Social Security Numbers.

Send application complete with all attachments to:

Arlene Banks
705 Hilltop Drive
Milton, WI 53563

Questions or assistance: Contact Arlene Banks at e-mail: arlene.banks@gmail.com