



Veterans of Foreign Wars of the United States VFW Post 4502 & Auxiliary Wahoo, Nebraska



2020 SCHOLARSHIP APPLICATION

Deadline Friday April 4th, 2020 (or postmark by April 1st if mailed)
(Mail applications to: **VFW Beaver-Bartek Post 4502 Scholarship, 112 East 7th Street, Wahoo, NE 68066**)

INFORMATION

The VFW Beaver-Bartek Post provides scholarships as a way of giving back to our community, our youth, and our great nation. The awarding of a scholarship is based on family military service, scholastic ability, leadership, community service, and financial need.

Thanks to the VFW Post 4502 Auxiliary and their amazing support, the scholarships for 2020, remain at \$500 each!

Two \$500 scholarships will be awarded; one to a Wahoo Public student and one to a Bishop Neumann student. Consideration will be given to any student demonstrating exceptional service to our community and who also fosters Americanism and Patriotic ideals.

ELIGIBILITY

- Be a son, daughter, grandson, granddaughter, brother, sister, or spouse of an actively serving Service Member or an honorably discharged Veteran.
- Must be a graduating Senior from one of the two Wahoo High Schools.
- Must be planning to attend an accredited trade, vocational, college, or university at least half-time

APPLICATION

All applicants will submit a packet containing the following:

- A short statement describing your relationship to a Veteran(s) honorably serving or discharged.
- A statement not to exceed 250 words describing how you have helped promote Americanism and why this scholarship is needed
- High School Transcript (most recent will suffice)
- SAT or ACT scores
- If applicable, a statement describing extenuating financial need

REMINDERS FOR APPLICANTS

- 1) Do **not** write your social security numbers on any documents (obliterate or redact if already there).
- 2) Describe your relationship to a Veteran currently serving, or honorably discharged.
- 3) Include a copy of your High School Transcript.
- 4) Include copies of your test scores (if available).
- 5) Include a statement of financial need (if applicable).
- 6) Have your Parent or Guardian review and sign your application.
- 7) Have your Guidance Counselor review and sign the recommendation section of the application form.
- 8) Incomplete applications with missing information may not be considered.
- 9) Refer questions to: Ralph Sabatka: 402.277.6263

-- Please return the following two pages and any supporting documents!--



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ATTENTION APPLICANTS: Please read the instructions and answer all questions. Please use "n/a" to indicate a question that does not pertain to you. Please attach your typed statement(s) on a separate sheet of paper to your application. Your statement(s) should reflect in your own words, why you feel you are the best candidate to receive a scholarship award, your goals, and how you support or have supported the ideals of Patriotism, and Americanism.

STUDENT INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Date of Birth: _____ - _____ - _____ Age: _____ Gender: _____ Military? _____

HIGH SCHOOL INFORMATION

High School attending: _____ Current GPA: _____ ACT or SAT scores: _____

Student's Employer: _____ How Long? _____

Type of Employment: _____

Sports	Clubs/Activities	Community
<input type="checkbox"/> Baseball	<input type="checkbox"/> Band	<input type="checkbox"/> Blood Drives
<input type="checkbox"/> Basketball	<input type="checkbox"/> Boys/Girls State	<input type="checkbox"/> Community Theater
<input type="checkbox"/> Cross-Country	<input type="checkbox"/> Chess Club	<input type="checkbox"/> Food Drives
<input type="checkbox"/> Football	<input type="checkbox"/> Choir	<input type="checkbox"/> Hospital Volunteer
<input type="checkbox"/> Golf	<input type="checkbox"/> Computer	<input type="checkbox"/> Junior Achievement
<input type="checkbox"/> Softball	<input type="checkbox"/> Drama/Theater	<input type="checkbox"/> Kiwanis
<input type="checkbox"/> Swim/Dive	<input type="checkbox"/> Student Council	<input type="checkbox"/> Red Cross
<input type="checkbox"/> Track	<input type="checkbox"/> Yearbook	<input type="checkbox"/> Rotary
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Speech/Debate	<input type="checkbox"/> Salvation Army
<input type="checkbox"/> Wrestling	<input type="checkbox"/> Future Farmers of America (FFA)	<input type="checkbox"/> Civic (library, park, etc)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Future Business Leader (FBLA)	<input type="checkbox"/> Civic (library, park, etc)
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Church Group	
	<input type="checkbox"/> Awana	
	<input type="checkbox"/> Exchange Student	
	<input type="checkbox"/> Tutor/ Peer Counsel	
	<input type="checkbox"/> Honor Roll	
	<input type="checkbox"/> Boy/Girl Scouts	
	<input type="checkbox"/> 4H _____	
	<input type="checkbox"/> 4H _____	
	<input type="checkbox"/> 4H _____	
	<input type="checkbox"/> National Honor Society	
	<input type="checkbox"/> Students against Drunk Driving (SADD)	
	<input type="checkbox"/> Other (specify)	

COLLEGE INFORMATION

Name of College(s) Accepted into: _____

Future career plans: _____



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Scholarships or grants awarded: _____

Student's Major: _____ Student's Expected School Contribution \$ _____

Cost per credit hour \$ _____ Cost per Yr: \$ _____

Any college credit hours received in high school: _____

College Courses completed: _____

Current GPA: _____ Hours per semester: _____

MILITARY AFFILIATION

Relative of current or deceased Veteran or Service Member? _____ Name: _____

Relative of current or deceased VFW or Auxiliary member? _____ Name: _____

Relationship: _____ What VFW Post? _____ Member #: _____

PARENTAL CONSENT

I certify that the information on this application pertaining to our child is correct. I desire that they be considered for the VFW Post 4502 and Auxiliary Scholarship. In consideration of the benefits derived from this award, if selected, we hereby voluntarily waive any claim against the Veterans of Foreign War of the United States or representatives thereof.

Printed name of Guardian: _____ Signature: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Dependents: _____ Ages: _____

CHARACTER AND ACADEMIC REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Printed name of Counselor: _____ Signature: _____

STUDENT CONSENT

"I attest that all information presented is true to the best of my knowledge."

Printed name of Applicant: _____ Signature: _____