



SSGT CHRIS ENGELDRUM
FDNY VETERANS OF FOREIGN WARS POST # 12033
SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____

CELL #: _____

HIGH SCHOOL GRADUATION FROM: _____

GRADUATION DATE: _____

COLLEGE/TRADE SCHOOL ATTENDING: _____

APPLICANT RELATIONSHIP TO SPONSOR: CHILD _____ GRANDCHILD _____

FDNY SPONSOR: _____ **ASSIGNED UNIT:** _____

FDNY SPONSOR'S RANK: _____ **ACTIVE** _____ **RETIRED** _____

SPONSOR BRANCH OF SERVICE: _____ **PERIOD SERVICE:** _____

SPONSOR'S PROOF OF MILITARY SERVICE ATTACHED: YES _____ NO: _____

IS SPONSOR A MEMBER OF VFW POST? (NOT REQUIRED) YES _____ NO: _____

IF SO: VFW POST #: _____

Applicant Statement of Acknowledgement: I the applicant have read, understand, agree with and in possession of the candidate requirements for the VFW Post 12033 Scholarship Program.

Signature: _____ **Date:** _____

Application received date: _____

Reviewed and Approved by: _____