

**Veterans of Foreign Wars Auxiliary  
Department of Wisconsin  
Lillian Campbell Medical Scholarship Application 2021-2022**

Applicant's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Guardian's/Spouse's Name: \_\_\_\_\_

If guardian is *other than parents*, with whom do you reside? \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_ Sons: \_\_\_\_\_ Daughters: \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_ Name of Veteran in your immediate family: \_\_\_\_\_

What is your relationship to that veteran? \_\_\_\_\_

Date graduated from High School \_\_\_\_\_ Are you a resident of Wisconsin? Yes \_\_\_ No \_\_\_

Do you plan to continue your Wisconsin residency after completion of this course? Yes \_\_\_ No \_\_\_

Are you a current card-carrying member of the Wisconsin VFW/VFW Auxiliary? Yes \_\_\_ No \_\_\_

Proof of financial need showing family adjusted gross income: (check one): \_\_\_ FAFSA \_\_\_ Income Tax Form

Please provide any information which you think would be helpful to the committee:

What technical school or college did/are attend/attending? \_\_\_\_\_

What is your Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_

**Note:** Applicant must submit an essay not to exceed 200 words, entitled "Why I'm interested in studying this medical profession." This essay should be typed and placed in a plastic folder with only the applicant's name on the cover. Include three (3) letters of recommendation. Please make a copy of your application before mailing, no applications will be returned.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Applicant: Completed application along with required items must be received before April 1, 2022 and mailed to: Sally Lamers, Dept. WI Scholarship Chair; 1861 Oakridge Road, Neenah, WI 54956**

Sponsoring Auxiliary Name: \_\_\_\_\_ No. \_\_\_\_\_ District: \_\_\_\_\_

Local Auxiliary Chairperson's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_