



WHAT DO YOU WANT TO DO WITH YOUR LIFE?

THE BEST WAY TO PREDICT THE FUTURE IS TO CREATE IT!

AMVETS



Department of NY

Service Foundation
SCHOLARSHIP
PROGRAM 2024-2025

APPLICATION PERIOD

**OCTOBER 28, 2024
TO
FEBRUARY 1, 2025**

WHO'S ELIGIBLE

DOWNLOAD APPLICATION HERE

www.nyamvets.org/scholarship-application

APPLICATIONS MUST BE POSTMARKED BY FEBRUARY 1, 2025

- ✓ **High school seniors entering college/trade school**



VISIT US :
www.nyamvets.org



AMVETS

DEPARTMENT OF NEW YORK SERVICE FOUNDATION

Leonard E. Scheiner, Scholarship Chairperson
30 Clay Lane, Levittown, NY 11756 • (516) 864-7212

Date: October 28, 2024

To: Department of New York AMVETS Family

Re: 2024-2025 NY AMVETS MEMORIAL SCHOLARSHIP

The 2024-2025 NY AMVETS MEMORIAL SCHOLARSHIP application period is now open until February 1, 2025. Applicants must meet the following criteria:

1. They must be a blood relative or legal adoptee of a NY AMVETS member *or* NY AMVETS Ladies Auxiliary member *or* NY Sons of AMVETS member.
 - 1A. Parents, grandparents who are blood relatives and legally adoptee's **all others will have to submit a notarized statement showing how you are a blood relative.**
2. No in-laws will be accepted.
3. High school seniors must be accepted to College/Trade School.

CRITERIA	AMOUNT
High School Senior accepted to College/Trade School	\$1,000.00

SCHOLARSHIP APPLICANT MUST PROVIDE THE FOLLOWING:

1. A copy of this instruction sheet.
2. **Completed Scholarship Application with signatures and dates.**
3. A copy of sponsor's current membership card.
4. **H.S. Seniors:** Official high school academic record (transcript of grades). Sealed envelopes will be accepted.
5. An individual letter describing the applicant's goals, and
6. **A 250 Minimum word essay pertaining to the topic:**

“WHAT DOES FLAG PROTECTION MEAN TO ME?”

If additional applications are required, please make photocopies.



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ALL OF THE ENUMERATED ITEMS MUST BE INCLUDED AND POSTMARKED NO LATER THAN FEBRUARY 1, 2025. APPLICATIONS ARE TO BE MAILED TO:

**LEONARD E. SCHEINER
30 CLAY LANE
LEVITTOWN, NEW YORK 11756**

PLEASE NOTE: The Service Foundation reserves the right to change the amount of the Scholarship.

Yours in AMVETS,

Joseph Ashman
President



AMVETS

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AMVETS MEMORIAL SCHOLARSHIP

APPLICATION: High School Senior

APPLICANT NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ DATE OF BIRTH _____

FATHER's NAME _____

MOTHER's NAME _____

NAME OF COLLEGE/TRADE SCHOOL _____

ADDRESS _____

H.S. COUNSELOR NAME _____ PHONE NUMBER _____

ANTICIPATED DATE OF H.S. GRADUATION _____

NAME OF SPONSOR AND POST # _____

RELATIONSHIP TO APPLICANT _____

CERTIFICATION: I certify that all information on this application is true and accurate to the best of my knowledge. I agree to provide the requested documentation to verify information submitted. ANY FALSE INFORMATION WILL BE CAUSE FOR DENIAL OF THE SCHOLARSHIP.

Applicant's
Signature _____ Date _____

Sponsor's
Signature _____ Date _____