

**VFW AUXILIARY – DEPARTMENT OF CALIFORNIA
MARIE KLUGOW MEMORIAL
SCHOLARSHIP PROGRAM**

The Marie Klugow Memorial Scholarship was established to encourage the family of our members to attend 4-year colleges. In addition to a scholarship for a beginning college student and one for a continuing student, a scholarship specific to a new or continuing nursing student was created in response to the shortage of certified nurses in the VA Hospitals. All members of the Auxiliary or Post and their children and grandchildren are eligible to apply for these scholarships.

Application forms are available at www.vfwauxca.org, by contacting Department Youth Activities Chairman, or by calling the Department Office.

PART I – APPLICATION CRITERIA

The Veterans of Foreign Wars Auxiliary, Department of California offers three scholarships: one to a graduating high school senior, one to a junior college or continuing university student and one to a nursing applicant.

Each applicant must:

1. Be a son, daughter, grandson or granddaughter of a member in good standing in a California VFW Post or Auxiliary or a member of an Auxiliary or VFW Post.
2. Be a United States Citizen.
3. Plan to attend and be accepted by a regionally accredited junior college, college, university, or School of Nursing, as a full time student, carrying at least 12 units per semester.
4. Have maintained at least a 2.5 grade point average for the period of time relevant for that scholarship.

PART II – AWARDS

Awards will be issued in two equal payments, at the beginning of each semester and payable upon receipt of proof of enrollment in an eligible school. The checks will be made out to the College, University or School of nursing in which the student is accepted and plans to attend. Verification of the award will be sent to the student. At the student's request, the check may be made payable directly to the student. In that case, a 1099 will be issued and the student will be responsible for any taxes incurred. Scholarship awards are as follows:

1. One scholarship in the amount of \$3,000 will be awarded annually to a graduating high school student.
2. One scholarship in the amount of \$3,000 will be awarded to a junior college graduate or a continuing college/university student. A first-year scholarship recipient may apply for a continuing scholarship in subsequent years providing all criteria are met.
3. One scholarship in the amount of \$3,000 will be awarded to a student pursuing a nursing career.

PART III – APPLICATION PROCEDURE

1. Completed Application Forms must be received by **April 15th** in the year in which the student is making the application.
2. **Please mail applications to: VFW Auxiliary - Department of California 9136 Elk Grove Blvd., Ste. 101, Elk Grove, CA 95624. yfwauxca2@gmail.com**
3. Applications will be judged by a committee appointed by the VFW Auxiliary State President.
4. **Applicant is responsible for the timely submission of the application.** Questions should be directed to Department Headquarters at (916) 509-8724 or 916-818-8595.

PART IV – ADDITIONAL REQUIREMENTS

Applicant must also send the following:

1. Completed application
2. Membership number and relationship of the person under whom eligibility is declared.
3. Certificate or letter of acceptance and enrollment in the accredited junior college, four-year college, university, or nursing school that the applicant plans to attend.
4. Official copies of transcripts and cumulative grade point averages for all high schools, colleges or universities the applicant has attended for the requested time frame.
5. Two letters of recommendation – one from an advisor and one from an academic professor or instructor.
6. A statement of financial need. Include a copy of the FAFSA (Free Application for Federal Student Aid)

GRADUATING HIGH SCHOOL SCHOLARSHIP APPLICATION (NON-NURSING)

(attach additional page if necessary to complete any section)

A. BIOGRAPHICAL INFORMATION

1. Name _____
2. Mailing Address _____
3. Phone Number _____ Social Security Number _____
4. Email Address _____
5. High School Name _____
Address _____
Expected Date of Graduation _____
6. Parent / Guardian Name _____
7. Alternate Parent / Guardian Name _____
8. Person you claim eligibility under:
Name _____ Relationship _____ Aux /Post. # _____
8. Names of Colleges, Universities to which you have applied or plan to attend:
- FIRST CHOICE _____
(Name) (City) (State)
- SECOND CHOICE _____
(Name) (City) (State)
- THIRD CHOICE _____
(Name) (City) (State)
9. Intended Major: _____ Intended Minor: _____
10. Provide brief (200 – 300 word) statement of your academic goals and the expected steps to achieve them

11. List all other awarded scholarships
- | Institution | Amount |
|-------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

B. ACTIVITIES

1. School / Community _____

2. Honors Earned _____

3. Work Experience _____

4. Describe any activities you led or supported that benefited Veterans _____

C. STATEMENT OF FINANCIAL NEED Include your income, your parents' income, and any extenuating circumstances.

(INCLUDE A COPY OF "FAFSA" FORM)

D. SCHOLASTIC ACHIEVEMENT

1. Official Transcript of all high school work
2. Copy of Test Scores (SAT and / or ACT).

E. AUTHORIZATION by applicant (or guardian if applicant is under 18 years of age)

1. I understand that this information will be available to and reviewed by members of the selection committee as appointed by the President of the VFW Auxiliary to the Veterans of Foreign Wars Department of California

Signature of applicant, parent if guardian

Date

I hereby authorize release of information regarding any scholarship or awards granted to the above student to area newspapers. This information will consist of the name of student, school, college or university, and major field.

Signature of applicant, parent if guardian

Date

Auxiliary or Post Seal

Signature of Auxiliary Treasurer or Post Quartermaster

CONTINUING STUDENT SCHOLARSHIP APPLICATION (NON-NURSING)

(attach additional page if necessary to complete any section)

A. BIOGRAPHICAL INFORMATION

1. Name _____
2. Mailing Address _____
3. Phone Number _____ Social Security Number _____
4. Email Address _____

5. College / University Name _____
Address _____
Date of Graduation _____

6. Parent / Guardian Name _____
7. Alternate Parent / Guardian Name _____ Person you
claim eligibility under:
Name _____ Relationship _____ Aux /Post. # _____

8. Names of Colleges, Universities to which you have applied or plan to attend:

FIRST CHOICE _____
(Name) (City) (State)

SECOND CHOICE _____
(Name) (City) (State)

THIRD CHOICE _____
(Name) (City) (State)

9. Intended Major: _____ Intended Minor: _____

10. Provide brief (200 – 300 word) statement of your academic goals and the expected steps to achieve them

11. List all other awarded scholarships

Institution	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. ACTIVITIES

1. School / Community _____

2. Honors Earned _____

3. Work Experience _____

4. Describe any activities you led or supported that benefited Veterans _____

C. STATEMENT OF FINANCIAL NEED Include your income, your parents' income, and any extenuating circumstances.

(INCLUDE A COPY OF "FAFSA" FORM)

D. SCHOLASTIC ACHIEVEMENT

1. Official Transcript of all college work (if less than two semesters of college have been completed, also include official High School transcript)

E. AUTHORIZATION by applicant (or guardian if applicant is under 18 years of age)

1. I understand that this information will be available to and reviewed by members of the selection committee as appointed by the President of the VFW Auxiliary to the Veterans of Foreign Wars Department of California

Signature of applicant, parent if guardian

Date

I hereby authorize release of information regarding any scholarship or awards granted to the above student to area newspapers. This information will consist of the name of student, school, college or university, and major field.

Signature of applicant, parent if guardian

Date

Auxiliary or Post Seal

Signature of Auxiliary Treasurer or Post Quartermaster

NURSING STUDENT SCHOLARSHIP APPLICATION (NEW OR CONTINUING)

(attach additional page if necessary to complete any section)

A. BIOGRAPHICAL INFORMATION

1. Name _____

2. Mailing Address _____

3. Phone Number _____ Social Security Number _____

4. Email Address _____

5. Nursing School Name _____

Address _____

Expected Date of Graduation _____

6. Parent / Guardian Name _____

7. Alternate Parent / Guardian Name _____ Person you
claim eligibility under:

Name _____ Relationship _____ Aux /Post. # _____

8. Names of Colleges, Universities to which you have applied or plan to attend:

FIRST CHOICE _____

(Name)

(City)

(State)

SECOND CHOICE _____

(Name)

(City)

(State)

THIRD CHOICE _____

(Name)

(City)

(State)

9. Intended Major: _____ Intended Minor: _____

10. Provide brief (200 – 300 word) statement of your academic goals and the expected steps to achieve them

11. List all other awarded scholarships

Institution	Amount
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_____	\$ _____
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_____	\$ _____
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_____	\$ _____
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B. ACTIVITIES

1. School / Community _____

2. Honors Earned _____

3. Work Experience _____

4. Describe any activities you led or supported that benefited Veterans _____

5. Would you consider working as a nurse in a Veterans Administration Hospital?

Check one: Yes ☐ or No ☐

C. STATEMENT OF FINANCIAL NEED Include your income, your parents' income, and any extenuating circumstances.

(INCLUDE A COPY OF "FAFSA" FORM)

D. SCHOLASTIC ACHIEVEMENT

1. Official Transcript of all college work (if less than two semesters of college have been completed, also include official High School transcript)
2. If new student, Copy of Test Scores (SAT and / or ACT).

E. AUTHORIZATION by applicant (or guardian if applicant is under 18 years of age)

1. I understand that this information will be available to and reviewed by members of the selection committee as appointed by the President of the Veterans of Foreign Wars Auxiliary Department of California

Signature of applicant, parent if guardian

Date

I hereby authorize release of information regarding any scholarship or awards granted to the above student to area newspapers. This information will consist of the name of student, school, college or university, and major field.

Signature of applicant, parent if guardian

Date

Auxiliary or Post Seal

Signature of Auxiliary Treasurer or Post Quartermaster