

veterans of Foreign Wars SCHOLARSHIP

Return to Guidance Department

Name _____ Date _____

Address _____

Parents/Guardian: _____

List community service activities that you have participated in:

List school extra curricular activities that you have participated in:

Active parent/guardian/grandparent of VFW Post 2577 NAME _____

Inactive parent/guardian/grandparent of VFW Post 2577 NAME _____

MUST INCLUDE:

A copy of your school transcript is required.

A copy of your school student profile is required.

DEADLINE FOR APPLICATIONS: April 15