



*Ladies Auxiliary to the Veterans of Foreign Wars of the United States
Department of Arizona*

2011 SCHOLARSHIP APPLICATION

<u>Applicant Information</u>	Date _____, 2011
Applicant Name _____	

Address _____	City _____ Zip _____
Telephone No. (____) _____ Social Security No. _____	
Parents or Guardian Names _____	
High School _____	

Address _____	City _____ Zip _____
<u>Sponsor Information</u> (VFW or Ladies Auxiliary Members under whose membership you are applying)	
Member Name _____	
Member of Post / Auxiliary No. _____ Located in _____	
<i>Please attach a copy of current membership card.</i>	
Your Relationship to Member:	
Son _____ Daughter _____ Granddaughter _____ Grandson _____	
Brother _____ Sister _____ Other _____	
Applicant Signature (Required) _____	
Parent / Guardian Signature _____	

Sponsored by Ladies Auxiliary to VFW Post _____
Auxiliary President Signature _____
Auxiliary Scholarship Chrm. Signature _____

Completed Application must be received by Department Chairman no later than April 1, 2011.
Dept. Scholarship Chairman Mary Stray-Salisbury
3350 Yaqui Drive
Lake Havasu City, AZ 86406