DEPARTMENT OF OREGON AUXILIARY SCHOLARSHIP

Date member joined the VFW A	Auxiliary: Month/Date/Ye	ear:	
Applicant's Street Address:			
City:	State:	Zip Code:	
Phone #:	Email:		
Applicant's Signature:		Date:	
On separate sheets of paper, p essay for question #6.	lease answer the follow	ng questions and provide an	

1. What is the name of the American college/university or vocational/technical school you plan to attend or are currently attending? Online school is acceptable.

- a. Have you been accepted? What is your intended major or course of study?
- b. If currently attending, please provide a copy of your school transcripts.
- 2. What are your financial reasons for applying for the Continuing Education Scholarship?
- 3. Have you been awarded Financial Aid from any other sources? Please list/specify.
- 4. If you are an auxiliary member what Auxiliary activities have you participated in and what leadership positions have you held?
- 5. If you are a spouse, daughter, son or grandchild of an auxiliary member, please list community/school activities and leadership positions you have held.
- 6. Write a brief essay (no more than 300 words*) describing your commitment to your goals and how this scholarship will help you attain these goals. *Essays longer than 300 words will not be accepted.

All the above requirements must be met for consideration. Incomplete applications, applications post-marked after the deadline, or applications received with postage due will not be accepted.

Application deadline: February 15, 2024. Award Notification: March 31, 2024.

Complete applications in FULL and mail or email to:

Department of Oregon Auxiliary Scholarship Program Chairman Pam Seelye, 26250 S. Bolland Rd. Canby, OR 97013 Email: pammysue7@yahoo.com Home Phone: 503-266-1670

NOTE: If mailing application by USPS, send an email to Scholarship C

NOTE: If mailing application by USPS, send an email to Scholarship Chair on the date the application was mailed.