

**Annual Medical Field Scholarship Application**

**Auxiliaries in a Grand:** Mail to Grand Scholarship Chairman by Due Date Set by Grand Chairman  
**Auxiliaries Not in a Grand:** Mail to the (3) Supreme Scholarship Committee Members by May 15<sup>th</sup>.  
**Grands:** Mail to each of the Supreme Scholarship Committee Members by May 15<sup>th</sup>.

Check One:    New                      Renewal

**Student Qualifications:** A member of, or Eligibility for Membership in a VFW or VFW Auxiliary; High School Diploma or Equivalent; accepted as a full-time undergraduate student at an Accredited College, Technical School, or special Instructional Institution.

Student Last Name: \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Month    Day    Year

City / State

Date of Graduation: High School: \_\_\_\_\_ College: \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Month / Year

Month / Year

Medical Field: \_\_\_\_\_

College/School accepted at: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

\*\*Address needs to be where the financial payments should be sent including the name of a Department or Person to whose attention it should be sent.

Will you receive any other Scholarships? \_\_\_\_\_ Amount if Yes: \$ \_\_\_\_\_

From: \_\_\_\_\_ Annual income from all sources: \$ \_\_\_\_\_

(If more than one, use additional paper)

Under whom are you Eligible for membership in the VFW or its Ladies Auxiliary? Insert name where applicable.

Self: \_\_\_\_\_ Parent: \_\_\_\_\_ Grandparent: \_\_\_\_\_ Sibling \_\_\_\_\_

Sponsoring MOCA: \_\_\_\_\_ State: \_\_\_\_\_

I have verified that the above named person is a VFW or VFWA member, and that all required paperwork is being submitted.

Signature of MOCA Chairman \_\_\_\_\_ Date: \_\_\_\_\_

**Attach three (3) copies of each of the following:**

1. Resume of ultimate goal and steps you expect to take to attain that goal.
2. Two (2) recent letters of recommendation.
3. Application Form.
4. Most recent transcript of grades.

**Permission is hereby granted to the Supreme MOCA Scholarship Committee to verify school records:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years of age:** Signature of Parent / Legal Guardian: \_\_\_\_\_