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 15th.
Grands: Mail to each of the Supreme Scholarship Committee Members by May 15th.

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: _____