



Lavelle Amvets Post #156 Scholarship

The purpose of the Lavelle Amvets Post #156 Scholarship Fund is to provide post secondary educational scholarships to eligible individuals. The Foundation makes distributions annually from this Fund to someone who:

- a. is a resident of Butler Township, Schuylkill County, Pennsylvania, at the time of his or her application,
- b. is a child of a member of the AMVETS or of a member of the armed forces of the United States on active duty, and
- c. is attending or will attend a post secondary college, university or trade school.

For the purpose of this scholarship “armed forces” includes the Army, Air Force, Marines, Merchant Marines, Navy, and Coast Guard, and any National Guard or Reserve of such organizations, and “active duty” means serving one hundred and eighty (180) days of duty in a 365-day period.

Applicant Data

Name: Last: _____ First: _____ Middle Initial: _____
Address: Street: _____ Apartment: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ E-mail: _____
Social Security Number: _____

Name of Municipality (Township or Borough) in which you reside: _____

Parent Information

AMVETS Member Name: _____
Address: _____
AMVETS POST: _____ Membership Number: _____

OR

Armed Forces Member Name: _____
Address: _____

Branch of Armed Forces: _____
Tour of Duty Date: From: _____ To: _____

Transcript Information

All applicants, high school seniors and college students, must provide a copy of most recent transcript of grades.

High School Data

Name of high school from which you will, or have, graduated: _____

Year of high school graduation: _____

Post-Secondary School Data

Name of the post secondary school for which financial aid is requested. If you do not yet know what school you will attend list all schools to which you have applied. Use additional paper, if necessary. First year scholarship's will not be released until you have successfully completed your first semester.

School _____ City _____ State _____

School _____ City _____ State _____

Check one: Upcoming year in college: 1 2 3 4 5

Anticipated date of college graduation (month/year): _____

Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ **Date** _____

**ALL APPLICATIONS MUST BE RECEIVED
AT THE POTTSVILLE OFFICE OF
SCHUYLKILL AREA COMMUNITY FOUNDATION
NO LATER THAN 12 NOON ON MARCH 2**

**Schuylkill Area Community Foundation
216 South Centre Street
Pottsville, PA 17901**

For questions or any additional information telephone (570) 624-7223.