Annual Medical Field Scholarship Application

Mail To: Grand Scholarship Chairman Due Date: Set by Grand Chairman

Circle One: New Renewal

Student Qualifications: Eligibility in 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: _____
Month / Year Month / Year

Cumulative GPA _____ Medical Field: _____

College/School accepted at: _____

Address: _____
Street City State Zip

Address needs to be where the financial payments should be sent. If you have a person or dept to whose attention it should be sent, it would be very helpful.

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 (through the VFW or its Ladies Auxiliary): Give Name

Parents: _____ Grandparents: _____ Sibling: _____

Sponsoring MOCA: _____ State: _____

I have verified that _____ has VFW Eligibility

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 gain 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: _____ Date: _____