TUSCARAWAS V.F.W. #7943 SCHOLARSHIP PROGRAM

Section I: To be completed by the applicant
(Type preferred, additional pages may be used)

Name_____ School_____

Home Address (Street)_____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____

Parent/Guardian _____

Address _____

City _____ Zip _____

Applicants Signature _____

Parent/Guardian Signature _____

**Relationship to VFW Member _____
(Members Name) (Your relationship)

What are your eventual academic goals?

What would you consider your two most significant contributions in time and energy to your school, home or community during the past three years?

Write a short article on why you feel you deserve this scholarship.

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Letter of Recommendation. This space can be used for a recommendation from a teacher or you may attach a Letter of Recommendation. Comment on leadership, financial need, scholastic achievement, school and community service.

To be filled in by School Counselor or Principal:

Student's Name _____ Date_____

Class Rank _____ ACT_____ SAT _____

Grade Average _____

****Return completed application to the high school office by Wednesday, April 15, 2026**