CHARLOTTE ELLIS SCHOLARSHIP TRUST FUND

SCHOLARSHIP APPLICATION

[PLEASE PRINT]

Name_____

D.O.B._____**Phone No.** _____

Street Address _____

City/ State_____**Zip Code**_____

Mother's Name_____

Father's Name_____

Are you related to a member of the VFW POST 1142 LADIES AUXILIARY? YES___NO___

If yes, who and what is the relationship?_____

Are you related to a veteran? (Required) **YES__ NO__**

If yes, who and what is the relationship?_____

List 2 References: Name and Phone Number:

_____

_____

Name and address of the College / University where you have been accepted and/ or are currently attending:

_____

On a separate sheet, please list any special interest, hobbies or activities, offices held or honors and awards you have received during high school and/or college. Please indicate your plans with respect to your educational goals and professional goals upon graduating College and please discuss any financial need or hardships that may hinder you from reaching these goals. Also describe your college experience or expectations in respect to achieving your personal goals. It is required that you include in your narrative why you desire the Charlotte Ellis Scholarship.

Signature:_____**Date:**_____

Deadline: April 15, 2026

Return Application Mailing Address:
Charlotte Ellis Scholarship Trust Fund
Attention: Scholarship Committee
1421 Madison Court, Celina, TX 75009.