



# MISSOURI PAST NATIONAL PRESIDENT'S SCHOLARSHIP

## VETERANS OF FOREIGN WARS OF THE UNITED STATES AUXILIARY

The Department of Missouri has two special ladies, **Mabel Tanner** and **Glenneta Vogelsang** who served as National Presidents of the Auxiliary to the Veterans of Foreign Wars. To honor each of these ladies' year of service, the Department of Missouri Auxiliary offers an **\$1800** Scholarship and a **\$1200** Scholarship to two deserving high school seniors who are the **sister, brother, daughter, son, granddaughter, grandson, great-granddaughter or great-grandson** of a current member of the Department of Missouri Auxiliary/ VFW.

### PERSONAL INFORMATION

Applicant Name: \_\_\_\_\_  
 Last Name First Name Middle Initial

Address: \_\_\_\_\_  
 Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian phone: (\_\_\_\_) \_\_\_\_\_ Cell #: \_\_\_\_\_

Name and Address of College or vocational/technical school enrolled in and plan to attend: \_\_\_\_\_

### VERIFICATION BY HIGH SCHOOL PRINCIPAL, COUNSELOR, OR HOME SCHOOL TEACHER

This is to certify that: \_\_\_\_\_ ranked \_\_\_\_\_ in a class of \_\_\_\_\_  
 Student's Name No. of Students in class

The date of Graduation will be \_\_\_\_\_ 2021.

Comments about applicant should be submitted on a separate page and attached to this form.

\_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal, Counselor, or Home School Teacher Signature

### APPLYING UNDER THE ELIGIBILITY OF

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
 VFW or Aux. Member's Name

Member of Auxiliary/Post #: \_\_\_\_\_ Address: \_\_\_\_\_ District: \_\_\_\_\_

**(Eligibility must be verified through the Post/Aux. in which the member belonged.)**

This is to verify we have checked the eligibility of the student.

\_\_\_\_\_  
 Auxiliary President Signature: Phone No.: \_\_\_\_\_

\_\_\_\_\_  
 Auxiliary Scholarship Chairman Signature: Phone No.: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

- To be considered you must submit:**
1. Your completed application.
  2. Letters of recommendations from **one** of your current instructors/**one** from a counselors/principal/home school teacher
  3. A copy of your transcript.
  4. A brief essay (300 words max) highlighting your community involvement, your volunteer activities, the honors you have received, and any organizations you participated in or outside your school.

**Send all required information to:**  
**Michelle Espy, 15750 Private Dr, Edgar Springs, MO 65462**  
**Due No later than April 15, 2022**