

John Randall Memorial Trust Fund

EDUCATIONAL ASSISTANCE GRANT

APPLICATION FORM

NAME AGE

ADDRESS

SCHOOLS ATTENDED-

ELEMENTARY GRADE COMPLETED

JR HIGH GRADE COMPLETED

HIGH SCHOOL..... GRADE COMPLETED

COLLEGE GRADE COMPLETED

OTHER GRADE COMPLETED

NAME AND LOCATION OF COLLEGE OR UNIVERSITY I PLAN TO ATTEND

REASON FOR NEED OF GRANT

.....I

RECOMMENDATIONS: Please list 2 (Teachers preferred) **Required only for High School Graduates entering 1st Year in College.**

NAME:

ADDRESS

NAME:

ADDRESS

PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING:

- * 1. COPY OF COLLEGE OR UNIVERSITY ACCEPTANCE
- * 2. COPY OF LETTER OF INTENT TO ATTEND COLLEGE OR UNIVERSITY
- 3. COPY OF HIGH SCHOOL OR COLLEGE TRANSCRIPT
- 4. PROOF OF ENROLLMENT (Copy of Registrar letter showing list of classes enrolled in and credits for each class) If this is not available at time of application it may be submitted later when available to qualify for grant.
- 5. FAMILY PERSONAL DATA FORM (Page 2)
- **6. Estimate of cost of annual tuition. (Foreign Colleges or Universities only)

*These items are required only if applicant is just entering college

** Tuition costs at many foreign colleges or universities may be less than normal US costs. Amount of Grants for attending foreign schools may be based on the relative cost to attend a US school. Written verification of tuition costs may be required.

NOTE: YOU MUST BE ENROLLED AS A FULL TIME STUDENT (12 OR MORE UNITS) TO BE ELIGIBLE

Signature of Applicant.....

DEADLINES: The Scholarship Committee will consider all applications received prior to the Fund Trustees meeting every June. Scholarship checks will be issued immediately upon receipt of all required documentation. For any applicant who fails to submit the required documentation by 30 November of the year the application was approved the scholarship will be forfeited. Applicant may apply the following year.

All information given to the John Randall Trust Fund Trustees will be held in strict confidence. None of the information submitted will be returned unless specifically requested.

Sponsor's Personal Data

TO BE COMPLETED BY PARENTS (OR SPONSOR*) OF APPLICANT

- To qualify as a Sponsor, the applicant must be a child (including legally adopted child, a legal spouse or otherwise a legal dependent of the Sponsor) and the Sponsor must be a member in good standing of a VFW Post or Auxiliary within the Department of Pacific Areas.

FAMILY NAME.....

GIVEN NAME (Father or Mother).....

NUMBER CHILDREN IN ELEMENTARY CHILDREN
DEPENDENTS OR HIGH SCHOOL IN COLLEGE

YOUR VFW OR
AUXILIARY AFFILIATION POST NO.AUXILIARY NO.....

POST MEMBERSHIP CARD NO.

YOUR CURRENT STATUS:RETIRED US MILITARY
(Check all applicable)ACTIVE DUTY MILITARY
.....CURRENTLY EMPLOYED
.....CURRENTLY SELF EMPLOYED

YOUR EMPLOYER (if applicable) – Name of Military Unit if active duty

EMPLOYER.....

ADDRESS.....

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YOUR POSITION, TITLE OR RANK.....

YEARS IN THIS EMPLOYMENT.....

SELF EMPLOYED ... YES ... NO

NATURE OF BUSINESS (If self employed).....

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ADDITIONAL COMMENTS IF APPLICABLE:.....

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Sponsor's Signature.....