



AMVETS
American Veterans

Department of Florida

JROTC Award
Scholarship Program

**Authorization to
Release Information**

I hereby authorize the Department of Florida AMVETS obtain release to the following:

Name: _____

Address: _____

The documents to be released are described or listed as:

1. High School Academic Record/Report Card
2. Address
3. SSN
4. Date of Birth
5. Letters of recommendations
6. Family Financial Status
7. Copy of Free Application for Federal Student Aid (FAFSA)

The records are required for the specific purpose of: AMVETS Junior Reserve Officer Training Corps (ROTC) Scholarship Program

I understand that my authorization will remain effective from the date of my signature until 31 Dec 2021, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I understand that the scholarship will be awarded after June 2021.

I have read and understand the nature of this release.

Signature: _____ Date: _____

PRIVACY ACT PROTECTED: This electronic transmission contains information which must be protected under the Privacy Act of 1974 (see 5U.S.C 552a). Do not release outside of AMVETS channels without the consent of the originator's office unless specifically authorized by the Privacy Act. This information is also exempt from disclosure under exemption 6 of the Freedom of Information Act, 5 U.S.C 552. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that dissemination, distribution or copying of this communication is strictly prohibited.

AMVETS
DEPARTMENT OF FLORIDA
SCHOLARSHIP PROGRAM
APPLICATION FORM

ELIGIBILITY:

The applicant must have at least 2-years of JROTC participation, maintain a minimum 3.0 high school GPA, participate in high school sponsored extra-curricular activities, participate in community service, and maintain a military appearance/demeanor while in the JROTC uniform. Be accepted into

Review all the instructions, obtain the required forms and documentation, write an essay, complete application, financial statement, and return to the following address:

AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP
INETTA BULLOCK, CHAIRPERSON
2031 ABBEY TRACE DR., DOVER, FL 33527

TO THE APPLICANT

Applications must be complete and postmarked on or before April 30, 2021.

The following documents must accompany this application to be considered for a scholarship.

1. High School Transcripts and accumulative grade point average.
2. Essays may not be less than 250 or more than 500 words on "What my goals and objectives will be after graduation from High School".
3. Parents Financial Statement
4. Recommendation from JROTC Instructor
5. Community Service validation

PLEASE NOTE: In cases in which financial need, academic records and other data appear to be equal, the written essay will be the determining factor.

All un-legible Application forms cannot be considered for a scholarship award.

PLEASE TYPE OR PRINT LEGIBLY

1. Name: _____
(Last) (First) (MI)

2. Date of Birth: _____
(Month, Day, Year)

3. SSN: _____ Phone: _____

4. Age: _____ Sex: _____ Email: _____

5. Permanent Mailing Address: _____

6. List in order (beginning with the present school year) schools attended in the last two years:

NAME OF SCHOOL ATTENDED	LOCATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH YOUR ESSAY TO THIS PAGE

AMVETS
DEPARTMENT OF FLORIDA
SCHOLARSHIP PROGRAM
FINANCIAL STATUS STATEMENT

This statement is to be used to demonstrate the financial resources and financial need of the JROTC applicant and applicant's family.

PLEASE PRINT LEGIBLY OR TYPE

1. Name: _____

2. Permanent mailing address and phone #: _____

3. Please indicate if individual applicant is independent (over 18 years of age and earning their own living)
Yes ____ No ____

If "Yes", how many months has applicant been independent? _____

4. Father's name and address: _____

5. Mother's name and address: _____

6. Name(s), occupation(s), and business address of guardian(s) if applicable:

7. Number and ages of brothers and sisters dependent upon parental support:

(Name) (Age)

(Name) (Age)

(Name) (Age)

NAME

OCCUPATION

ANNUAL GROSS INCOME

8. Family
income:

Student: _____

Father: _____

Mother: _____

Guardian: _____

Student's Signature:

_____ Date: _____

Signature of parent/legal guardian:

_____ Date: _____