

**LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS  
DEPARTMENT OF WISCONSIN  
LILLIAN CAMPBELL MEDICAL SCHOLARSHIP 2011-2012  
RULES AND REGULATIONS**

**\$1000 Medical Scholarship**

**EXAMPLES:** Nursing, pharmacists, physician assistants, medical and surgical technicians, physical and occupational therapists, dental, radiology, or any related medical profession.

Number of Scholarships will be determined by donations received as of May 2012.

**One \$750 for EMT or Paramedics** (maybe first year medical student for EMT or paramedics to apply)

**Qualifications:**

- Applicant or member of her/his immediate family (mother, father, sister, brother, son, daughter, spouse or grandparent) **MUST HAVE SERVED IN THE MILITARY.**
- Applicant must be in a college or technical college and in a medical field at least one year prior to applying (may be completing their first year at time of application). If awarded a scholarship, applicant must show proof of at least 6 credits up to a full-time enrollment for the 2012-2013 school year to receive the scholarship.
- Applicant must submit their most recent scholastic transcript showing a cumulative grade point average.
- Applicant must show evidence of financial need by supplying copy of most recent Financial Aid Form, FAFSA statement of loans to date, or copy of the first page of income tax form showing family income (social security number should be blackened out).
- Applicant must submit an essay **NOT TO EXCEED 200 WORDS - ENTITLED "Why I'm Interested in Studying This Medical Profession"**. Essay should be placed in a plastic cover with applicant's name on the cover only.
- Applicant must have **three** letters of recommendation from reliable individuals qualified to evaluate scholastic achievement and personal character, such as principals, teachers, student counselors, clergy, employers or supervisors.

The names of the winning applicants will be announced at the State VFW Convention in June 2012.

The following items, current-year application, essay, transcript, evidence of financial need and letters of reference should be turned in to the sponsoring VFW Auxiliary Chairman whose name appears at the bottom of the application form. ***Please adhere to these guidelines, as failure to include any of these items, along with the signed and dated application will result in automatic disqualification.***

The decision of the judges will be final. Please copy form prior to mailing, as applications will not be returned following the judging.

LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS  
DEPARTMENT OF WISCONSIN  
LILLIAN CAMPBELL MEDICAL SCHOLARSHIP APPLICATION

Applicant's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's/Spouse's Name \_\_\_\_\_

If Guardian is other than parents, with whom do you reside?

Number of Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_ Sons: \_\_\_\_\_ Daughters: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Is there a veteran in your immediate family? \_\_\_\_\_

What relationship are you to that veteran? \_\_\_\_\_

What is the date of your graduation from high school? \_\_\_\_\_

Are you a resident of Wisconsin? \_\_\_\_\_

Do you plan to continue your Wisconsin residency after completion of this course? \_\_\_\_\_

Are you a current card-carrying member of the Wisconsin VFW/VFW Auxiliary residing out of state? \_\_\_\_\_

Proof of financial need showing family adjusted gross income      FAFSA      Income Tax Form (circle one)

Please provide any information you think would be helpful to the committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Technical School or College do you attend?

\_\_\_\_\_

Field of study/current GPA \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

NOTE: Applicant must submit an essay not to exceed 200 words, entitled "**Why I'm Interested in Studying This Medical Profession**". This essay should be typed and placed in a plastic folder with applicant's name on the cover only. If desired, please make a copy of your application before mailing, as applications will not be returned.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Applicant: Completed application along with required items must be mailed prior to April 15th, 2012 to:**

Local Auxiliary Name Noble-Straubel No. 2037 District 8

Local Auxiliary Chairman's Name: Judy Gallenberger

Address 1014 Raymond St. City Green Bay State WI

Zip 54304 Phone No. 920-494-5563 E-mail judygal@tds.net