LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS
DEPARTMENT OF WISCONSIN
LILLIAN CAMPBELL MEDICAL SCHOLARSHIP 2012-2013
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 2013.

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 2013.

The following items, current-year application, essay, transcript, evidence of financial need and
letters of reference should be turned into 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 that you graduated 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 which you think would be helpful to the committee:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What technical school or college did 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 15, 2013.

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 Code: 54304
Phone: 920-494-5563 E-mail: judygal2514@gmail.com