Erline Mayberry Scholarship

Ladies Auxiliary VFW Department of North Carolina

Please print or type all information except your signature. Do not skip any information.

Section 1 - Student Information:

Full Name:	, <u></u>	
Address:	(First)	(Middle)
Phone Number: ()		Female:
Email address:		
Section 2 - Eligibility (Member immediate past year member, or me	ust have been a member at th	he time of their death.)
Member's Name: Mother 0	Grandmother Father	Grandfather
Address:		
Post Name:	Post or Au	ıx. Number:
Post City:	Dues paid	for both years:
Member's card number	or Life Member car	d number
Section 3 - Post Quartermas	ter or Auxiliary Treasure	er Verification
I hereby agree that the member sta and previous year, or that he/she w		
Current year Monthly Maintenan Previous year Monthly Maintenal	ce Journal from National Headqu nce Journal from National Heado	uarters dated://

Please attach copies of both Monthly Maintenance Journals to verify the status of this member.

Signature:

_____Date: ____/___/____

(Post Quartermaster or Auxiliary Treasurer)

(OVER)

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Section 4 - School Information

High School:	
Mailing Address:	
Principal's Name:	
Closing Date of School://	Awards Ceremony Date://

Section 5 - Student Signature

I hereby make application for consideration as a candidate for the **Erline Mayberry Scholarship**. I understand that to be eligible to apply, the member under whom I am applying **must be a current (2010) and previous year (2009) member**¹ **and this form must be signed by the Post or Auxiliary Officer.**

Signature: Da	ate:	/	/
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Return completed application by February 15, 2010, to:

Marie Negus Erline Mayberry Scholarship Committee 1382 Cotton Creek Road Biscoe, NC 27209-9725 910-428-4270

¹This does not apply to newly instituted Posts and Auxiliaries.