

**Veterans of Foreign Wars Auxiliary
Department of Wisconsin
Lillian Campbell Medical Scholarships Application
2025–2026**



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- ☐ Lillian Campbell Entry
☐ Paramedic Entry
-

Applicant's Full Name: _____
Address: _____
City _____ **State** _____ **Zip Code** _____
Telephone (area code): _____
Email: _____ or _____
Parent/Guardian or Spouse Name: _____
Are you a veteran? ☐ Yes ☐ No
Relationship to Veteran: _____

Name of Veteran (Immediate Family Member): _____
Branch of Service: _____
Relationship to Applicant: _____
Dates of Service (if known): _____

This helps the committee verify your eligibility more clearly and keeps the form complete.

Acceptable Proof of Military Service

- **DD Form 214 (Certificate of Release or Discharge from Active Duty)** – Most official and widely accepted document.

High School Graduation Date: _____

Are you a Wisconsin resident? ☐ Yes ☐ No

Will you continue Wisconsin residency after completing this course? ☐ Yes ☐ No

Are you a member of the Wisconsin VFW or VFW Auxiliary? ☐ Yes ☐ No

Proof of Financial Status (Check One):

- ☐ FAFSA Report
☐ Income Tax Form
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Additional Information for Committee (Optional):

Technical School or College Name: _____
Address: _____ **City** _____ **State** _____ **Zip** _____
Phone (area code): _____
Email: _____ or _____
Major: _____
Current GPA: _____
Expected Graduation Date: _____

NOTE: SCHOLARSHIPS WILL BE MAILED DIRECTLY TO THE ATTENDING SCHOOL OF THE RECIPIENT.

Required Documents Checklist:

- ☐ 200-word Essay: "Why I Chose the Medical Profession"
☐ Three (3) Letters of Recommendation
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Mail All Materials Before April 1, 2026, to:
Kimberly Goss, Department Chairman/Lillian Campbell
W1334 Serum Rd
Alma, WI 54610

Sponsoring Auxiliary Name: _____
Post Number: _____ **District:** _____
Address: _____ **City** _____ **State** _____ **Zip** _____
Local Auxiliary Chairman's Name: _____
Phone Number (area code): _____
Email: _____ or _____