## Veterans of Foreign Wars Auxiliary

Depa Lillian Campbell Medical Scho	artment of Wisconsi plarship and Parame		2023-2024
Please check one: LILLIAN CAMPBELL	ENTRY PARAME	DIC ENTRY	
Applicant's Full Name:	Email:		
Address:	Telephone:		
City:	State:	Zip Code	:
Guardian's/Spouse's Name:			
If guardian is other than parents, with who	m do you reside?		
Number of Brothers:Sisters:S	ons:Daughters:		
Are you a veteran? Yes No Name of	Veteran in your imme	diate family:	
What is your relationship to that Veteran?			
Date graduated from High School	Are you a resident o	f Wisconsin?	Yes No
Do you plan to continue your Wisconsin res	idency after completic	on of this course?	Yes No
Are you a current card-carrying member of IMPORTANT: Proof of financial status is req FAFSA Income Tax Form Please include any information which you t	uired. Family adjusted	l gross income: (o	check one):
What technical school or college did/are at What is your Major: Curre	tend/attending? ent GPA: Ex	pected graduation	on date:
Note: Applicant must submit an essay not to ex medical profession." This essay should be typed the cover. Include three (3) letters of recommer applications will not be returned.	l and placed in a plastic f	older with only the	e applicant's name on
Signature of Applicant:		Date:	
***Applicant: Completed application with WI Scholarship Chair; 606 N Wood Ave; Ma			
Sponsoring Auxiliary Name: Local Auxiliary Chairperson's Name:		No	District:
Local Auxiliary Chairperson's Name:	<b>Cit</b>	Email:	7:2 Code:
Address: Telephone:	City:	State:	zip code: