Veterans of Foreign Wars Auxiliary
Department of Wisconsin
Lillian Campbell Medical Scholarship Program
2027–2028 Application Cover Letter

Dear Applicant,

Thank you for your interest in the Lillian Campbell Medical Scholarship sponsored by the Veterans of Foreign Wars Auxiliary, Department of Wisconsin.

The Lillian Campbell Medical Scholarship was established to assist students pursuing careers in the medical field while honoring the service and sacrifice of our nation's veterans and military families. We are proud to support the next generation of healthcare professionals who demonstrate academic achievement, financial need, and a commitment to serving others.

To be considered for this scholarship, applicants must carefully review and complete all application requirements. A checklist of required documents is included with the application packet. Incomplete applications will be automatically disqualified.

Application Requirements Include:

- Completed and signed scholarship application
- Proof of military service connection
- Most recent official transcript
- Documentation of financial need
- Essay titled *"Why I Chose the Medical Profession"* (maximum 200 words)
- Three letters of recommendation
- Proof of enrollment in a qualifying medical program

Applicants are encouraged to make copies of all submitted materials for their records. Application materials will not be returned.

Important Information

- Scholarships are awarded one time only.
- Scholarship funds will be mailed directly to the recipient's attending school.
- Winners will be announced at the Department of Wisconsin VFW Auxiliary Convention in June 2027 in Madison, Wisconsin.
- All decisions of the Scholarship Committee are final.

Submission Deadline

All completed applications must be received by **April 1, 2027**.

Please mail completed applications to:

Kimberly Goss
Lillian Campbell Medical Scholarship Chairman
Department of Wisconsin VFW Auxiliary
[Mailing Address Here]

No emailed applications will be accepted.

We appreciate your interest in the Lillian Campbell Medical Scholarship and wish you success in your educational and professional pursuits. Thank you for choosing a career dedicated to helping others and strengthening our communities.

Sincerely,

Kimberly Goss
Lillian Campbell Medical Scholarship Chairman
Department of Wisconsin VFW Auxiliary
2026–2027 & 2027–2028

“AN ANCHOR OF VETERANS”



VETERANS OF FOREIGN WARS AUXILIARY
DEPARTMENT OF WISCONSIN
LILLIAN CAMPBELL MEDICAL SCHOLARSHIP APPLICATION
Academic Year 2027–2028

APPLICANT INFORMATION

Applicant's Full Name:

Mailing Address:

City: _____ State: _____ ZIP: _____

Telephone:

Email Address:

Parent/Guardian or Spouse Name:

Date of Birth:

VETERAN ELIGIBILITY INFORMATION

Are You a Veteran?

☐ Yes ☐ No

Relationship to Veteran:

Name of Veteran (Self or Immediate Family Member):

Branch of Service:

Relationship to Applicant:

Dates of Service (if known):

Required Proof of Military Service

Please attach the following:

☐ DD Form 214 (Certificate of Release or Discharge from Active Duty)

☐ Military Identification Documentation

☐ Other Official Military Service Documentation

RESIDENCY INFORMATION

High School Graduation Date:

Are you a Wisconsin Resident?

☐ Yes ☐ No

Will you continue Wisconsin residency after completing your course of study?

☐ Yes ☐ No

Are you a member of the Wisconsin VFW or VFW Auxiliary?

☐ Yes ☐ No

If yes, Post/Auxiliary Number:

FINANCIAL NEED VERIFICATION

Please attach the following:

☐ FAFSA Student Aid Report

☐ Federal Income Tax Form

EDUCATIONAL INSTITUTION INFORMATION

Technical School, College, or University Name:

Student Identification Number (Required):

School Address:

City: _____ State: _____ ZIP: _____

School Telephone:

School Email:

Financial Aid Office Contact Name (Required):

Financial Aid Office Telephone:

Financial Aid Office Email:

Student Accounts/Bursar Office Contact (if different):

Student Accounts/Bursar Office Telephone:

Student Accounts/Bursar Office Email:

Field of Study / Major:

Current GPA:

Expected Graduation Date:

Enrollment Status for Fall 2027–2028:

☐ Full-Time

☐ Part-Time

☐ Enrolled for Fall 2027–2028 Academic Year

ADDITIONAL INFORMATION (OPTIONAL)

Please provide any additional information you would like the Scholarship Committee to consider:

_____

_____

_____

_____

_____

REQUIRED APPLICATION ATTACHMENTS

Please include the following with your completed application:

☐ Completed Scholarship Application

☐ Proof of Military Service

☐ Proof of Financial Need

☐ Current Official Transcript

☐ Three (3) Letters of Recommendation

☐ Essay: "Why I Chose the Medical Profession" (Maximum 200 Words)

☐ Proof of Enrollment for Fall 2027–2028 Academic Year

☐ Student Identification Number (if not listed on enrollment verification)

_____

APPLICATION SUBMISSION REQUIREMENTS

Completed applications and all required supporting documentation must be mailed and postmarked no later than **April 1, 2027**.

Electronic submissions will not be accepted.

No emailed, faxed, scanned, or electronically transmitted applications will be considered.

*Mail completed application packets to:

Kimberly Goss
Lillian Campbell Medical Scholarship Chairman
W1334 Serum Rd
Alma, WI 54610

Applications must be complete and include all required supporting documentation at the time of submission. Incomplete applications or applications received after the deadline may not be considered by the Scholarship Committee.

Applicants are encouraged to retain copies of all submitted materials for their records.

SCHOLARSHIP PAYMENT INFORMATION

Recipients of a Lillian Campbell Medical Scholarship must provide accurate educational institution information. Scholarship funds are awarded to the student but will be mailed directly to the attending educational institution and applied to the student's account. The Department of Wisconsin VFW Auxiliary is not responsible for delays resulting from incomplete or inaccurate school information provided by the applicant.

APPLICANT CERTIFICATION

I certify that all information contained in this application and accompanying documents is true and complete to the best of my knowledge. I understand that incomplete applications may not be considered. I further understand that scholarship funds, if awarded, will be sent directly to my educational institution.

Applicant Signature:

Date:

IMPORTANT NOTICE

Applicants must be enrolled in Fall 2027–2028 classes to be eligible for consideration.

All scholarship payments will be mailed directly to the recipient's attending educational institution.

Applications must be mailed directly to the Lillian Campbell Medical Scholarship Chairman and postmarked by **April 1, 2027**.

Email submissions will not be accepted.

Applications that are incomplete, missing required documentation, or received after the deadline may not be considered.

Veterans of Foreign Wars Auxiliary
Department of Wisconsin
Lillian Campbell Medical Scholarship Program

“AN ANCHOR FOR VETERANS”

