

Veterans of Foreign Wars Auxiliary

Department of Wisconsin

Lillian Campbell Medical Scholarship and Paramedic Application 2024-2025

Please check one:  LILLIAN CAMPBELL ENTRY  PARAMEDIC ENTRY

Applicant's Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

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? Yes  No  Name of Veteran in your immediate family: \_\_\_\_\_

What is your relationship to that Veteran? \_\_\_\_\_

Date graduated from High School \_\_\_\_\_ Are you a resident of Wisconsin? Yes  No

Do you plan to continue your Wisconsin residency after completion of this course? Yes  No

Are you a current card-carrying member of the Wisconsin VFW/VFW Auxiliary? Yes  No

IMPORTANT: Proof of financial status is required. Family adjusted gross income: (check one):

FAFSA  Income Tax Form

Please include any information which you think would be helpful to the committee:

\_\_\_\_\_

What technical school or college did/are attend/attending? \_\_\_\_\_

What is your Major: \_\_\_\_\_ 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 only the applicant's name on the cover. Include three (3) letters of recommendation. Please make a copy of your application before mailing, applications will not be returned.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Applicant: Completed application with required items must be mailed to: Jennifer Mauritz, Dept. WI Scholarship Chair; 606 N Wood Ave; Marshfield, WI 54449 and postmarked before April 1, 2025**

Sponsoring Auxiliary Name: \_\_\_\_\_ No. \_\_\_\_\_ District: \_\_\_\_\_

Local Auxiliary Chairperson's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

SAVE

PRINT

CLEAR