



AMVETS
American Veterans

Department of Florida

**Senior ROTC Award
Scholarship Program**

**Authorization to
Release Information**

I hereby authorize the Department of Florida AMVETS obtain release to the following:

Name: _____

Address: _____

The documents to be released are described or listed as:

1. College Academic Record/Report Card
2. Address
3. SSN
4. Date of Birth
5. Letters of recommendations

The records are required for the specific purpose of: AMVETS Senior Reserve Officer Training Corps (SROTC) Scholarship Program

I understand that my authorization will remain effective from the date of my signature until 31 Dec 2024, and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I understand that the scholarship will be awarded in June 2024.

I have read and understand the nature of this release.

Signature: _____ Date: _____

PRIVACY ACT PROTECTED: This electronic transmission contains information which must be protected under the Privacy Act of 1974 (see 5U.S.C 552a). Do not release outside of AMVETS channels without the consent of the originator's office unless specifically authorized by the Privacy Act. This information is also exempt from disclosure under exemption 6 of the Freedom of Information Act, 5 U.S.C 552. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that dissemination, distribution or copying of this communication is strictly prohibited.

AMVETS
DEPARTMENT OF FLORIDA
SCHOLARSHIP PROGRAM
APPLICATION FORM

ELIGIBILITY:

The applicant will have completed at a minimum, their first year of ROTC participation in an accredited college or university, , maintain a minimum 3.0 college GPA, participate college sponsored extra- curricular activities, participate in community service, and maintain a military appearance/demeanor while in the SROTC uniform.

Review all the instructions, obtain the required forms and documentation, write an essay, complete application, financial statement, and return to the following address:

AMVETS DEPARTMENT OF FLORIDA SCHOLARSHIP
SHARON DAVIS, SCHOLARSHIP CHAIR
1014 SKIPPER ROAD TAMPA FL 33613

TO THE APPLICANT

Applications must be complete and postmarked on or before April 30, 2024.

The following documents must accompany this application to be considered for a scholarship.

1. College Transcripts and accumulative grade point average.
2. Essays may not be less than 250 or more than 500 words on "What my goals and objectives will be after graduation from High School".
3. Recommendation from ROTC Instructor
4. Community Service validation

PLEASE NOTE: In cases in which, academic records and other data appear to be equal, the written essay will be the determining factor.

All un-legible Application forms cannot be considered for a scholarship award.

PLEASE TYPE OR PRINT LEGIBLY

1. Name: _____
(Last) (First) (MI)

2. Date of Birth: _____
(Month, Day, Year)

3. SSN: _____ Phone: _____

4. Age: _____ Sex: _____ Email: _____

5. Permanent Mailing Address: _____

6. List in order (beginning with the present school year) schools attended in the last two years:

NAME OF SCHOOL ATTENDED	LOCATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ATTACH YOUR ESSAY TO THIS PAGE

