



CHARLOTTE ELLIS SCHOLARSHIP TRUST FUND
SCHOLARSHIP APPLICATION
[PLEASE PRINT]

Name _____

D.O.B. _____ Phone No. _____

Street Address _____

City/ State _____ Zip Code _____

Mother's Name _____

Father's Name _____

Are you related to a member of the VFW POST 1142 LADIES AUXILIARY? YES ___ NO ___

If yes, who and what is the relationship? _____

Are you related to a veteran? (Required) YES ___ NO ___

If yes, who and what is the relationship? _____

List 2 References: Name and Phone Number:

Name and address of the College / University where you have been accepted and/ or are currently attending:

On a separate sheet, please list any special interest, hobbies or activities, offices held or honors and awards you have received during high school and/or college. Please indicate your plans with respect to your educational goals and professional goals upon graduating College. Also describe your college experience or expectations in respect to achieving your personal goals. It is required that you include in your narrative why you desire the Charlotte Ellis Scholarship.

Signature: _____ Date: _____

Deadline: May 1, 2019

Return Application Mailing Address:
Charlotte Ellis Scholarship Trust Fund
Attention: Scholarship Committee
235 Tracy Avenue North
Port Orchard, WA 98366