

VFW AUXILIARY  
DEPARTMENT OF NORTH CAROLINA

ERLINE MAYBERRY SCHOLARSHIP  
PRELIMINARY APPLICATION 2018-2019 YEAR

**\*PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT YOUR SIGNATURE.  
PLEASE DO NOT SKIP ANY BLANKS, RETURN BEFORE FEBRUARY 15, 2019.**

FULL  
NAME \_\_\_\_\_  
(last) (first) (middle)  
ADDRESS \_\_\_\_\_  
(number, street, or route)  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ SSN. \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**ELIGIBILITY: MEMBER UNDER WHOM YOU ARE APPLYING, MUST BE  
A 2018-2019 CURRENT OR 2017-2018 IMMEDIATE PAST YEAR MEMBER.  
Check person below.**

I am applying under my,  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_ Grandfather \_\_\_\_\_ Grandmother \_\_\_\_\_

**IMPORTANT!! PLEASE FILL OUT THE FOLLOWING INFORMATION OF PERSON  
(MEMBER) UNDER WHOM YOU ARE APPLYING:**

FULL NAME \_\_\_\_\_  
(last) (first) (middle)  
ADDRESS \_\_\_\_\_  
POST NAME \_\_\_\_\_ POST NUMBER \_\_\_\_\_  
MEMBER'S CARD N0 - ANNUAL \_\_\_\_\_ LIFE \_\_\_\_\_

**\*PLEASE HAVE CURRENT POST OR AUXILIARY OFFICER FILL OUT THE  
FOLLOWING STATEMENT.**

\_\_\_\_\_ I hereby agree and take full responsibility that the member stated above is in good -  
standing for the 2018-2019 current year or 2017 -2018 previous year.—or--

\_\_\_\_\_ I hereby agree and take full responsibility that the above listed member was a  
member in good standing at time of death. Date of Death \_\_\_\_\_.

Post/Auxiliary Officer's Signature \_\_\_\_\_ Title \_\_\_\_\_  
Post No. \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_

NAME OF YOUR HIGH SCHOOL \_\_\_\_\_

SCHOOL'S MAILING ADDRESS \_\_\_\_\_

SCHOOL'S PRINCIPAL'S NAME \_\_\_\_\_

(last) (first) (middle)

GRADUATION DATE \_\_\_\_\_

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I hereby make application for consideration as a candidate for the Erline Mayberry Scholarship. I understand that to be eligible to apply, I must be a Senior and intend to enroll in a College in North Carolina, also the member under whom I am applying must be a 2018-2019 current or a 2017-2018 previous year member and this form must be signed by the Post or Auxiliary Officer.

A final confidential application will be mailed to you after receipt of this form.

The final application is to be filled out and returned with other requested information before April 15, 2019.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Return this Preliminary application BEFORE FEBRUARY 15, 2019 to:

Erline Mayberry Scholarship Chairman  
Farres H. Upton  
653 Haynes Road  
High Point, NC 27262

**THE CHAIRMAN FOR THIS COMMITTEE WILL BE PROVIDED AFTER THEY ARE ELECTED AT THE JUNE 2018 CONVENTION.**

**\*\*THIS FORM MAY BE DUPLICATED FOR DISTRIBUTION TO STUDENTS\*\***