OTIS N. BROWN MEMORIAL/BILLY RAY CAMERON SCHOLARSHIPS VETERANS OF FOREIGN WARS AND ITS AUXILIARIES DEPARTMENT OF NORTH CAROLINA

PRELIMINARY APPLICATION

2022-2023

PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT YOUR SIGNATURE

FULL Name:						
	(last)	, (first)	(middle)	,		
ADDRESS:						
(number, street or route)			(city, state & zip)			
PHONE NUMBER:	()	CHECK ONI	E: Male Female			
SOCIALSECURITY	NUMBER:					
ELIGIBILITY: MEMBER UNDER WHOM YOU ARE APPLYING MUST BE A 2022-23- CURRENT AND 2021-22 - IMMEDIATE PAST YEAR MEMBER. Check relationship below. I am applying under my Father, Mother, Stepfather, Stepmother, or Grandmother, or IMPORTANT: PLEASE FILL OUT THE FOLLOWING INFORMATION OF PERSON (MEMBER) UNDER WHOM YOU ARE APPLYING.						
FULL Name:		,	,			
	(last)	(first)	(middle)			
ADDRESS:						
	(number, street or route)		(city, state & zip)			
POST NAME:	POST NUMBER:					
POST CITY LOCATION:		ARE DUES PAID F	ARE DUES PAID FOR 2022			
MEMBER'S CARD	NUMBER:	or LIFE MEMBER CARD NU	JMBER:			

PLEASE HAVE CURRENT POST OFFICER FILL OUT STATEMENT BELOW.

I hereby agree and take full responsibility that the member stated above is in good standing for the 2022-23 current year and 2021-22 prior year.

Current year – 2022 DP-2 list from Na	/ //		
Previous year - 2022-23 DP-2 list from	ı National Headqu	arters Dated	Date: / /
Post Officer's Signature:	Title:	Post No.:	Date://
PRELIMINARY SCHOLARSHIP APP	<u> PLICATION</u>	2022– 2023	
NAME OF YOUR HIGH —			
SCHOOL:			
MAILING ADDRESS OF SCHOOL:			Page
MAILING ADDRESS OF SCHOOL:	(number, street or route)		(city, state & zip)
SCHOOL	PRINCIPAL'S		NAME
	(last)	(first)	(middle)
CLOSING DATE OFSCHOOL: //	/	AWARDS DATE: _	
I hereby make application for consideration Scholarships. I understand that to be eligible Carolina, also the member under whom PREVIOUS YEAR MEMBER AND T	ble to apply, I mus n I am applying	st be a Senior and intend to e MUST BE A 2022-23 CU	nroll in a college in North JRRENT AND 2021-22
OFFICER.			
A confidential application will be mailed the April 15, 2023.	to you after receip	ot of this form to be filled out	and returned before
Student's Signature:		Date: /	/
Return this preliminary application BEFO	DRE FEBRUARY	<u>Y 15, 2023</u>	
0.1.37.70	. ~		

Otis N. Brown Memorial / Billly Ray Cameron Scholarship Committee P.O. Box 25337 Raleigh, NC 27611

THIS FORM MAY BE DUPLICATED FOR DISTRIBUTION TO STUDENTS