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

PRELIMINARY APPLICATION

2017 – 2018

PLEASE PRINT OR TYPE ALL INFORMATION EXCEPT YOUR SIGNATURE PLEASE DO NOT SKIP ANY BLANKS – RETURN BEFORE FEBRUARY 15, 2018

	(last)	(first)	(middle)
ADDREGG			
ADDRESS:	(number, street or route)	(citv.	state & zip)
	,	` •	1,
PHONE NUMBER	R: ()	CHECK ONE: Male	e Female
SOCIAL SECURI	TY NUMBER:		
2017 - IMMEDI A	MEMBER UNDER WHOM YOU A TE PAST YEAR MEMBER. Che der my Father, Mother, S	ck relationship below.	
IMPORTANT:	PLEASE FILL OUT THE FOLUNDER WHOM YOU ARE A		F PERSON (MEM
FULL Name:	(last)	·	
	(last)	(first)	(middle)
	(number, street or route)		state & zip)
ADDRESS:		(city,	1,
ADDRESS: POST NAME:	(number, street or route)	(city, POST NUMB	ER:
ADDRESS: POST NAME: POST CITY LOCA	(number, street or route) ATION:	(city, POST NUMB ARE DUES PAI	ER: D FOR 2018?
ADDRESS: POST NAME: POST CITY LOCA MEMBER'S CAR	(number, street or route) ATION: D NUMBER: or	(city, POST NUMB ARE DUES PAI LIFE MEMBER CARD NUMB	ER: D FOR 2018? ER:
ADDRESS: POST NAME: POST CITY LOCAMEMBER'S CAR PLEASE HAVE ((number, street or route) ATION: D NUMBER: or CURRENT POST OFFICER FILL	(city, POST NUMB ARE DUES PAI LIFE MEMBER CARD NUMB OUT STATEMENT BELOW	ER: D FOR 2018? ER:
ADDRESS: POST NAME: POST CITY LOCA MEMBER'S CAR PLEASE HAVE OF THE PROPERTY OF TH	(number, street or route) ATION: D NUMBER: or	(city, POST NUMB ARE DUES PAI LIFE MEMBER CARD NUMB OUT STATEMENT BELOW ed above is in good standing for the	ER: ER: ER: the 2018 current year

Post Officer's Signature: _____ Title: _____ Post No.: ____ Date: __/__/__

PRELIMINARY SCHOLARSHIP APPLICATION 2017 – 2018

MAII INC ADDRESS OF SCHOOL.			
MAILING ADDRESS OF SCHOOL: _	(number, stree	et or route)	(city, state & zip)
SCHOOL PRINCIPAL'S NAME:		(7)	
	(last)	(first)	(middle)
CLOSING DATE OF SCHOOL:	//	AWARDS DATE:	/
***********	******	********	*******
I hereby make application for considera	otion og a sandidata	C 41 OC N.D. M	1 / D'11 D G
Scholarships. I understand that to be North Carolina, also the member under the North Carolina of the MEMBER AND OFFICER.	eligible to apply, I ler whom I am ap	must be a Senior and intend t plying MUST BE A 2018 C	to enroll in a college in CURRENT AND 2017
Scholarships. I understand that to be North Carolina, also the member under PREVIOUS YEAR MEMBER AND OFFICER. A confidential application will be mailed.	eligible to apply, I der whom I am ap THIS FORM MU	must be a Senior and intend to plying MUST BE A 2018 C ST BE SIGNED BY THE PO	o enroll in a college in CURRENT AND 2017 OST OR AUXILIARY
Scholarships. I understand that to be North Carolina, also the member under VEAR MEMBER AND	eligible to apply, I der whom I am ap THIS FORM MU	must be a Senior and intend to plying MUST BE A 2018 C ST BE SIGNED BY THE PO pt of this form to be filled out a	o enroll in a college in CURRENT AND 2017 OST OR AUXILIARY

Return this preliminary application **BEFORE FEBRUARY 15, 2018**

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