

**Preliminary Application**

**Erline Mayberry Scholarship**  
Ladies Auxiliary VFW  
Department of North Carolina

**Please print or type all information except your signature.**  
**Do not skip any information.**

**Section 1 - Student Information:**

Full Name: \_\_\_\_\_, \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

email address: \_\_\_\_\_

**Section 2 - Eligibility** (Member under whom you are applying must be a current and immediate past year member, or must have been a member at the time of their death.)

Member's Name: \_\_\_\_\_  
Mother \_\_\_\_\_ Grand Mother \_\_\_\_\_ Father \_\_\_\_\_ Grand Father \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Name: \_\_\_\_\_ Post or Aux. Number: \_\_\_\_\_  
Post City: \_\_\_\_\_ Dues paid for both years: \_\_\_\_\_  
Member's card number \_\_\_\_\_ or Life Member card number \_\_\_\_\_

**Section 3 - Post Quartermaster or Auxiliary Treasurer Verification**

I hereby agree that the member stated above is a member in good standing this current year and previous year, or that he/she was a member in good standing at the time of their death.

Current year DP-2 list from National Headquarters dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous year DP-2 list from National Headquarters dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach copies of both DP-2 lists to verify the status of this member.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Post Quartermaster or Auxiliary Treasurer)

(OVER)

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**Section 4 - School Information**

High School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Principal's Name: \_\_\_\_\_

Closing Date of School: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Awards Ceremony Date:

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**Section 5 - Student Signature**

I hereby make application for consideration as a candidate for the **Erline Mayberry Scholarship**. I understand that to be eligible to apply, the member under whom I am applying **must be a current (2005) and previous year (2004) member<sup>1</sup> and this form must be signed by the Post or Auxiliary Officer.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return completed application by February 15, 2005, to:

Deborah Crowder, Department Chairman  
Erline Mayberry Scholarship Committee  
4717 Ilex Drive  
Wilmington, North Carolina 28412

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<sup>1</sup>This does not apply to newly instituted Posts and Auxiliaries.