



**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:

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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 and please discuss any financial need or hardships that may hinder you from reaching these goals. 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, 2024**

**Return Application Mailing Address:**  
Charlotte Ellis Scholarship Trust Fund  
Attention: Scholarship Committee  
3313 Azure Lane  
Celina, TX 75009.