

**Veterans of Foreign Wars  
Post 6899  
P.O. Box 883  
Trinity, TX 75862  
Phone: 936-594-9467**

**Special Scholarship Application Form**

Date:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ TX \_\_\_\_\_

Phone (        ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Parent's Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School Attended \_\_\_\_\_

Name and Address of school or Technical School:

Phone Number of School: \_\_\_\_\_.

How long have you lived in Trinity County? \_\_\_\_\_.

Briefly, tell us about yourself and plans (Use the back if necessary).