

**Veterans of Foreign Wars ★ PVT Allen J Beck, Jr. Memorial Post 5265 ★ Spring Grove, PA**

Spring Grove High School: 1 for any student and 1 for student with parent or grandparent member of Aux 5265\*

Littlestown High School: 1 for any student and 1 for student with parent or grandparent member of Aux 5265\*

Other High School: 1 for student, also an Aux 5265 member or parent or grandparent is member of Aux 5265\*

Name \_\_\_\_\_ High School Graduation Date \_\_\_\_\_

**Address** \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

☐ Applied to College/School \_\_\_\_\_

Location \_\_\_\_\_ Accepted Date \_\_\_\_\_

**Major/Course of study** \_\_\_\_\_

☐ Are you employed? ☐ Yes or ☐ No Employer \_\_\_\_\_

☐ **Father/Guardian**\_\_\_\_\_

**Address** \_\_\_\_\_

**Occupation** \_\_\_\_\_

☐ **Mother/Guardian**\_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_

**Occupation** \_\_\_\_\_

☐ Number of brother(s)/sister(s) \_\_\_\_\_ Age(s) \_\_\_\_\_

☐ **Are you related to a Veteran?** ☐ Yes or ☐ No Name \_\_\_\_\_

Relationship to You \_\_\_\_\_ Branch of Service \_\_\_\_\_

☐ Are you, your parents, or grandparents a member of VFW Post 5265\*?

☐ Your Auxiliary Membership No. (ages 16 and older may be eligible for Auxiliary membership)

☐ Father's Membership: ☐ Veteran ☐ Auxiliary ☐ Social / Member No. \_\_\_\_\_☐ Mother's Membership: ☐ Veteran ☐ Auxiliary ☐ Social / Member No.☐ Grandfather's Name ☐ Veteran ☐ Auxiliary ☐ Social / Member No.☐ Grandmother's Name ☐ Veteran ☐ Auxiliary ☐ Social / Member No.[illegible]

**\* VFW 5265 Membership must be current**

**Guidance Office: Confirm above membership information with [tina@vfw5265.org](mailto:tina@vfw5265.org)**

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☐ Student Signature \_\_\_\_\_ Application Date \_\_\_\_\_

Graduating from High School