



Office of Financial Aid  
700 East Broadway  
Monmouth, IL 61462-1998

### LAVERNE NOYES FOUNDATION SCHOLARSHIP

Please complete this application and return to the address above by **April 15<sup>th</sup>** for consideration of the **LaVerne Noyes Foundation Scholarship** at **Monmouth College**. Applicants must be citizens of the United States and a blood descendent of (grandchild/great-grandchild) a World War I veteran whose service was terminated by death or honorable discharge.

1. Name of Applicant: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ 3. Social Security No: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_
5. On whose military service do you base this application:  
\_\_\_\_\_
6. What is this person's relationship to you: \_\_\_\_\_
7. Give date of enlistment and branch of service: \_\_\_\_\_
8. Give date of discharge (indicate if by death): \_\_\_\_\_
9. Length of Service: \_\_\_\_\_ Years      \_\_\_\_\_ Months      \_\_\_\_\_ Days
10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach documentation to this application indicating proof of military service.**