THE AMERICAN LEGION POST # 166
SCHOLARSHIP APPLICATION

SCHOLARSHIP ELIGIBILITY: Child/children/grandchildren or legally adopted child or a child of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty, honorably discharged, or retired personnel of the United States military and National Guard.. Must be a high school senior or high school graduate to apply for the scholarship. Do not attach any documents or additional pages to this application, except as required, all other documentation or added pages will be discarded

Name_____

Address_____

City_____State_____Zip _____

Telephone ( ) _____ Date of Birth_____

Name of American Legion Post 166 Sponsor

Academic Record

If you are enrolled in an institution of higher education, attach a copy of your most recent grade report or if you are enrolled in high school, this section is to be completed by a high school official.

High school enrollment_____

Cumulative Grade Point Average (GPA) _____

Class Rank _____ High School Graduation Date _____

SAT Scores Math _____ Verbal _____ Written _____ Total _____

School Official _____ Date _____
Type/print name and title

Affix school stamp or seal_____

Briefly, describe your school and community activities:

What major do you plan on pursuing when you enter college? Why?

What college or university do you want to attend? Why?

CERTIFICATION

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The American Legion to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Legion Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to The American Legion for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legion Scholarship.

_____Date _____
Student's Signature

If my child is selected as a scholarship winner and in consideration thereof, we understand, agree and hereby grant permission to The American Legion to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the Legion Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status and academic standing to The American Legion for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legion Scholarship.

_____ Date _____
Parent's/Guardian's Signature