

AMERICAN LEGION

St. Marys, Ohio

APPLICATION FOR SCHOLARSHIP

(Sons or Daughters and Grandchildren of American Legion, Auxiliary or SAL Members)
(MUST BE FILLED OUT COMPLETELY)

1. THIS SECTION TO BE COMPLETED BY THE APPLICANT.

NAME: First Middle Last Age Date of Birth Place of Birth

ADDRESS Street City Zip Code

HIGH SCHOOL Name Address City

GPA _____ PRINCIPAL _____

Legion Programs you have been involved in (Boy's-Girl's State, Oratorical, Baseball, or Americanism and Government test), etc.

School Programs you have been involved in (Speech, FFA, FHA, Plays, FCA, or SADD), etc.

Community Programs you have been involved in (Boy/Girl Scouts or Youth Fellowship), etc.

Awards or Achievements in the above programs.

Personal Goals

What have you done so far to reach these goals?

What was your High School Curriculum?

WHAT COLLEGE, UNIVERSITY,
TRADE SCHOOL OR OTHER
ACCREDITED INSTITUTION
OF HIGHER LEARNING DO YOU
PLAN TO ATTEND?

HAVE YOU
BEEN
ACCEPTED? _____
MAJOR _____
MINOR _____

LIST ANY EMPLOYMENT THAT YOU HAVE HAD DURING THE LAST YEAR

EMPLOYER _____ OCCUPATION _____

**II. THIS SECTION FOR INFORMATION OF THE LEGION, SAL, OR AUXILIARY MEMBER
RELATED TO APPLICANT.**

Father or Grand Father Full Name		Mother or Grandmother Full Name	
Address		Address	
Date of Birth	Place of Birth	Date of Birth	Place of Birth
Legion (SAL) Card #	Post #	Auxiliary Card #	Post #
SERVICE RECORD OF LEGIONNAIRE _____		RESIDENCE AT TIME OF ENLISTMENT _____	
DATE AND PLACE OF ENLISTMENT _____		SERIAL NUMBER _____	
BRANCH OF SERVICE	HIGHEST RANK	DATE AND PLACE OF DISCHARGE	_____
Signature of Member related to Applicant:		Signature of Applicant:	

DATE: _____

INSTRUCTIONS

STUDENT APPLICANT -
LEGIONNAIRE, SAL, OR AUXILIARY -

Complete all question in Section I in entirety.
Complete questions in Section II in entirety.

NOTE: All information will be held in strict confidence!

DEADLINE FOR RECEIPT: APRIL 1

MAIL COMPLETED APPLICATIONS TO:

ST. MARYS AMERICAN LEGION
P.O. BOX 104
ST. MARYS, OH 45885