

IMPORTANT: MARCH 15 DEADLINE

ANSWER ALL QUESTIONS 1 - 16 & COMPLETE PAGE FOUR

Circle one:

DIVISION: 1 2 3 4 5

THE AMERICAN LEGION
DEPARTMENT OF ILLINOIS



THE AMERICAN LEGION SCHOLARSHIP AWARD

Administered by

THE EDUCATION AND SCHOLARSHIP COMMITTEE
THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS
P. O. Box 2910, Bloomington, Illinois 61702-2910

IMPORTANT: MARCH 15 DEADLINE

Applications must be in the Department Headquarters Office, The American Legion, P.O. Box 2910, Bloomington, IL 61702-2910, no later than March 15. Late applications will not be accepted.

Information in this application will be treated as confidential.

MANDATORY - Attach copy of High School transcript, ACT Scores & Photo.

APPLICATION FOR ASSISTANCE

To be filled out by student with help of parent or guardian, classroom teacher and principal.

A. First, read The American Legion Education and Scholarships Committee Brochure and specifically the page entitled "Scholarship Award" which outlines conditions, rules and requirements. Second, read all pages of this application.

B. The information requested about you and your parents will be used to determine your eligibility, and to process and evaluate the application, so it is important that all questions be answered and instructions followed.

C. Following receipt of this application, The American Legion Education and Scholarship Committee will give careful consideration to all applications, determine the number of applicants to receive scholarship grants. All applicants approved by the Education and Scholarship Committee will be notified on or about May 1. Decisions of the Education and Scholarship Committee will be final.

FOR DEPARTMENT USE ONLY
CIRCLE rejected number(s) below:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

ANSWERS MUST BE IN LEGIBLE WRITING WITH PEN AND INK OR TYPEWRITTEN. (Please do not tear or make additional folds in this application.)

PHOTO

(Please attach a small picture taken within the last six months.)

1. Last Name First Name Middle Name

2. Present mailing address (Number, Street, City, State, Zipcode)

Telephone No. ()

4. Age	5. Date of Birth	6. Sex	7. Social Security No.	8. High School Graduation Date
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9. What High School Do You Attend? _____
Located at (Address) _____

10. List your class, extra-curricular activities and special recognitions including athletics or hobbies in which you have participated in high school, church or community. Indicate which years and how many years. _____

11. Upon graduation, what school or university do you plan to attend? What career or major do you plan to pursue? Why? _____

12. What jobs have you held in the past two years? If none, why not?

13. What funds do you have available for your first year of school?

- A. From Savings \$ _____
- B. From Earnings \$ _____
- C. From Parents \$ _____
- D. From other loans and scholarships \$ _____

14. What is your philosophy concerning the responsibilities of youth to the future of America? _____

15. STATEMENT OF APPLICANT:

- A. In the event that I am granted the scholarship, I hereby certify that I am willing to take and subscribe to an oath or affirmation that I do solemnly swear (or affirm) that I shall bear true faith and allegiance to the United States of America and shall support and defend the Constitution and the laws of local, state, and federal governments.
- B. I affirm that the information given in the foregoing application is true and correct.

Tel. No. - include Area Code

Signature of Applicant

16. STATEMENT OF PARENT OR GUARDIAN:

I have read the foregoing application and statements in full and, to the best of my knowledge, the information is true and accurate. I am a member of Post Number _____, located in _____, of the _____ Town _____ Division. My Member I.D. number is _____.

Signature of Post Commander or Adjutant*

Signature of Parent or Guardian

*The signature of the Post Commander or Adjutant is only required if parent or guardian is deceased to verify past membership.

PARENTS CONFIDENTIAL STATEMENT

Information in this application will be treated as confidential.

To be submitted with Application for
The American Legion Scholarship Award
Administered by
The Education and Scholarship Committee
The American Legion
Department of Illinois

PLEASE answer all questions

Student's Name _____	
Name of Father, Stepfather or Guardian _____	Age _____
Address _____	
Occupation _____	Title _____
Employed by _____	Years with Firm _____
Name of Mother, Stepmother or Guardian _____	Age _____
Occupation _____	Title _____
Employed by _____	Years with Firm _____

Annual Salary and Wages Before Taxes

A. Father, Stepfather or Guardian _____

B. Mother, Stepmother or Guardian _____

C. Other income _____

Total Income _____

Annual Rent or Mortgage Payment _____

PARENT'S ASSETS

Home (If owned) Year Purchased _____

Purchase Price _____

Present Amount of Mortgage _____

Other Real Estate Value _____

Bank Accounts, Total Savings and Checking _____

LIST ALL DEPENDENT CHILDREN

Name	Age	Check if Living with Family	Name of Present School	Year in School
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____