IMPORTANT: DEADLINE IS MARCH 15TH

ANSWER ALL QUESTIONS 1-16 & COMPLETE PAGE FOUR

Circle one: DIVISION: 1 2 3 4 5

THE AMERICAN LEGION DEPARTMENT OF ILLINOIS

OFFICE: 309-663-0361

FAX: 309-663-5783



WEBSITE: www.illegion.org

EMAIL: hdqs@illegion.org

THE AMERICAN LEGION SCHOLARSHIP AWARD THE AMERICAN LEGION TRADE SCHOOL SCHOLARSHIP AWARD

Administered by

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

* * * * <u>IMPORTANT: MARCH 15 DEADLINE</u> * * * *

Applications must be in the Department Headquarters Office, The American Legion, P.O. Box 2910, Bloomington, IL 61702-2910. No Later Than March 15. <u>Late Applications Will Not Be Accepted.</u>

MANDATORY - Attach copy of High School Transcript & ACT Scores

EMAIL or FAXED Applications are accepted.

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

SWERS MUST BE IN LEGIBLE WRITING WITH PEN AND OR TYPEWRITTEN. (Please do not tear or make additional folds is application.) Last Name First Name Middle Name ddress: State Zip
6. Sex 7. High School Graduation Date//
special recognitions including athletics or hobbies in which you have nunity. Indicate which years and how many years.
o you plan to attend? What career or major do you plan to pursue? Why?
Acc

11. What jobs have you held in the past two years? If none, why not?					
12. What	funds do you have available for y	our first year of school?			
A.	From Savings	\$			
В.	From Earnings	\$			
C.	From Parent(s)	\$			
D.		•			
	and scholarships	\$	······································		
13. What i	is your philosophy concerning the	responsibilities of youth to the fur	ture of America?	····	
14. STAT	EMENT OF APPLICANT:				
A.	In the event that I am granted the	ne scholarship, I hereby certify tha	t 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.					
	Tel. No include Area	a Code	Signature of Applicant		
15. STAT	EMENT OF PARENT, GRANDI	PARENT OR GUARDIAN:			
Ιh	ave read the foregoing application	and statements in full and, to the	best of my knowledge, the informa	tion is true and	
acc	curate. I am a member of Post Nu	mber, located in	, of the	Division.	
Pos	st Commander or Adjutant Name_		My Member I.D. number is	·	
	Signature of Post Commander or	Adjutant*	Signature of Parent, Grand	_	
			** Please Circle Relation Parent, Grandparent or Guardian is		
	ast membership.	act of Majatant is only required <u>if</u>	<u> 1 мень, Отанарагені от Опагацан і.</u>	weecewen to verify	

PARENT(S) 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

Name of Father, Stepfather or Guardian Address Occupation Title Employed by Years with Firm Name of Mother, Stepmother or Guardian Title Employed by Years with Firm Parent(s) Income Adjusted Gross Income (Adjusted Gross Income on Form 1040 - Line 31; 1040A - Line 6E; 1040EZ - Line 4 \$ Use the most recent tax figure available and indicate the tax year of those figures. Describe any circumstance which may affect your family's ability to provide for your college education.	Age
Occupation	Age
Employed by	Age
Name of Mother, Stepmother or Guardian	Age
Occupation	
Parent(s) Income Adjusted Gross Income (Adjusted Gross Income on Form 1040 - Line 31; 1040A - Line 6E; 1040EZ - Line 4 Use the most recent tax figure available and indicate the tax year of those figures.	
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LIST ALL DEPENDENT CHILDREN	
Living with Present in	ear hool
1	
2	
3	
4	
6.	

TRADE SCHOOL SCHOLARSHIP APPLICATION

(<u>To be completed by only those who are applying for the Trade School Scholarship</u>)
(One per Division)



REQUIREMENTS

Complete the Education and Scholarship application, and in addition, answer the following questions using additional sheets of plain white paper if necessary.

OCCUPATIONAL CHOICE:
EMPLOYMENT OPPORTUNITIES IN OCCUPATIONAL CHOICE:
SOCIETIES NEED AND/OR FUTURE TRENDS OF OCCUPATIONAL CHOICE:
EDUCATIONAL AND/OR TRAINING REQUIRED IN OCCUPATIONAL CHOICE:
NAME AND LOCATION OF INSTITUTION PROVIDING TRAINING IN MY OCCUPATIONAL CHOICE AND WHY I SELECTED THIS INSTITUTION:



The American Legion cares about the education of America's children

EDUCATION and SCHOLARSHIP COMMITTEE

	(H) 708/798-3975
(1st Div., 8th Dist. Cook)	EMAIL: kenrasmussen2000@yahoo.com
Wayne Fischer	630/961-0628
(2nd Div., 11th Dist., DuPage)	EMAIL: wayne.l.fischer@gmail.com
Larry E. Vortman, Chairman	217/742-3195
•	EMAIL: vortmansph@frontier.com
King B. Sutton	(H) 217/465-2590, © 217/251-1547
	EMAIL: k.l.sutton344@gmail.com
William Z. Slider	618/998-5605
(5th Div., 25th Dist., Williamson).	EMAIL: william.slider@va.gov





Illinois website: www.illegion.org/scholarship

National website: www.legion.org/scholarships





APPLICATION CHECK LIST:

- **√** School Transcripts
- **√** ACT scores
- √ Signature of Post Commander or Post Adjutant *
 - * The signature of the Post Commander or Adjutant is only required <u>if Parent, Grandparent or Guardian is deceased</u> to verify past membership