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

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
1. ____________________________________________________________________  
   **Last Name**  
   **First Name**  
   **Middle Name**  

2. Address:_____________________________________________________________  
   City_____________________________ State_________ Zip _________ ________  

3. Phone No.  


8. What High School Do You Attend? ________________________________________  
   Located at (Address) _______________________________________________________________________________________  

9. List your class, extracurricular 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. ______________________    
   ________________________________________________________________________________________________________  
   ________________________________________________________________________________________________________  
   ________________________________________________________________________________________________________  
   ________________________________________________________________________________________________________  
   ________________________________________________________________________________________________________  
   ________________________________________________________________________________________________________  

10. Upon graduation, what school or university do you plan to attend? What career or major do you plan to pursue? Why? ___________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  
    ________________________________________________________________________________________________________  

(2)
11. What jobs have you held in the past two years? If none, why not?
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

12. What funds do you have available for your first year of school?
   A. From Savings $________________________________________
   B. From Earnings $________________________________________
   C. From Parent(s) $________________________________________
   D. From other loans and scholarships $________________________________________

13. What is your philosophy concerning the responsibilities of youth to the future of America?
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________

14. 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

15. STATEMENT OF PARENT, GRANDPARENT 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_______ Division.
   Post Commander or Adjutant Name_______________________________ My Member I.D. number is ______________.

   ________________   ________________
   Signature of Post Commander or Adjutant*  Signature of Parent, Grandparent or Guardian

   ** Please Circle Relation to Applicant **

*The signature of the Post Commander or Adjutant is only required if Parent, Grandparent or Guardian is deceased to verify past membership.
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

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 __________

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.

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

LIST ALL DEPENDENT CHILDREN

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<tr>
<th>Name</th>
<th>Check if Living with Family</th>
<th>Name of Present School</th>
<th>Year in School</th>
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TRADE SCHOOL SCHOLARSHIP APPLICATION

(To be completed by only those who are applying for the Trade School Scholarship)
(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

Kenneth Rasmussen, Vice Chrm ................................................. (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 (3rd Div., 20th Dist., Scott) .............. EMAIL: vortmansph@frontier.com

King B. Sutton ............................................................... (H) 217/465-2590, © 217/251-1547 (4th Div., 18th Dist., Edgar) .............. EMAIL: k.l.sutton344@gmail.com

William Z. Slider ........................................................... 618/998-5605 (5th Div., 25th Dist., Williamson) .............. EMAIL: william.slider@va.gov

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 if Parent, Grandparent or Guardian is deceased to verify past membership.

Illinois website: www.illegion.org/scholarship
National website: www.legion.org/scholarships