

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
or
THE AMERICAN LEGION TRADE SCHOOL SCHOLARSHIP AWARD

Administered by

THE EDUCATION AND SCHOLARSHIP COMMITTEE
THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS
2720 E. Lincoln St. Bloomington, Illinois 61704

***** IMPORTANT: MARCH 15 DEADLINE *****

Applications must be in the Department Headquarters Office, The American Legion, 2720 E. Lincoln St., Bloomington, IL 61704
No Later Than March 15. EMAIL or FAXED Applications are accepted. *Late Applications Will Not Be Accepted.*

MANDATORY - Attach copy of High School Transcripts

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

PHOTO
(OPTIONAL)

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

1. _____
Last Name First Name Middle Name

2: Address: _____

City _____ State _____ Zip _____

3. Phone No. _____

4. Age _____

5. Date of Birth ____/____/____

6. Sex _____

7. High School Graduation Date ____/____/____

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? _____

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 Parent, Grandparent or Guardian
**** Please Circle Relation to Applicant ****

Signature of Post Commander or Adjutant
ONLY REQUIRED IF PARENT/GRANDPARENT/
GUARDIAN IS DECEASED TO VERIFY MEMBERSHIP



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*Scan here to
visit our website*



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

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

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

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: _____
