Application For American Legion Post 133 Boosters Scholarship Application Deadline: March 15

SECTION I. INFORMATION TO BE SUPPLIED BY APPLICANT (Please Type or Print)

Name:			Male 🔲 Female 🗌
(First)	(Middle)	(Last)	
Address		<u> </u>	
City, State, and Zip:			Please attach your
Phone#			- Senior picture (upright head
Name of High School:			and shoulders pose) here. DO NOT STAPLE OR BEND
Name of Father or Male Guardian:			
Address of Father or Male G	uardian:		_
Occupation:			PLEASE SEND ORIGINAL PHOTO NO REPRODUCTIONS (color copies, inkjet prints
Name of Mother or Female Guardian:			
Address of Mother or Female Guardian:			
Occupation:			
Number of Children in Your	Family at Home:		do not reproduce well)
Number Currently Enrolled in College:			If you are the scholarship winner, this photo will be

Briefly summarize your school, church, and community activities. List organizations of which you are a member and offices you have held.

List any honors or awards you have received.

List both paid and volunteer work experience and job duties you have performed:

Do you anticipate receiving any scholarships, awards, or financial aid? Yes 🗌 No 🗌 If yes, specify:

What in your own words is an American Patriot:

Who do you personally admire as an American Patriot:

What is your intended major and/or career goal?

What are your hobbies and/or extracurricular activities?

The Applicant herewith consents that the Scholarship Selection Committee be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application.

Signature of Applicant

STUDENT: AFTER YOU HAVE COMPLETED YOUR PART OF THIS APPLICATION, PRESENT IT TO YOUR PRINCIPAL OR COUNSELOR FOR CERTIFICATION. ******Please deliver or mail this application to the American Legion Post 133, 98 Grand Blvd Perryville, Mo or American Legion Booster Official serving on the Scholarship Selection Committee, Roy Lee Lohmann 6454 S Hwy 61, Perryville, Mo

THE DEADLINE IS MARCH 15, 2016

SECTION II. INFORMATION TO BE SUPPLIED BY PRINCIPAL OR COUNSELOR

This is to certify that the above applicant is ranked in a class of seniors.

The applicant has taken the following college aptitude test: Name of Test Score

Date Tested

The Scholarship Selection Committee would appreciate a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration.

Award will be presented at:	Principal or Counselor
Awards Assembly	Date:
Graduation Ceremonies	Name of High School:
Date and time of presentation:	Address of High School:
• •	Telephone No: