

THE AMERICAN LEGION

H.U. WOOD POST 245



P.O. BOX 503 Seguin, Texas 78156-0503 Phone: (830) 379-1079

SCHOLARSHIP APPLICATION

Return Application to The American Legion not later than **April 1st**. **If Application is not received or post marked by the above date, it will not be considered.**

NAME _____ Telephone _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

1. Only Applications issued by the American Legion Post # 245 will be accepted.
2. The number of scholarships awarded annually shall be limited to two. The Post Scholarship Committee will consult with the Unit Education Committee to ensure that scholarships from the Post and Unit are not duplicated. Applications are reviewed by The Scholarship Committee, for a complete review, be sure all blanks are answered. All Scholarship winners will be notified as soon as possible after reviewing of their application.
3. Scholarships are awarded for one year only. Only Graduating Seniors may apply. Annual Scholarships are to be given in two increments, payable to the School, upon presentation of a valid receipt or proof of registration. Scholarship checks will be awarded as follows: \$500.00 prior to the Fall Semester and \$500.00 prior to the Spring Semester.
4. A minimum of twelve(12) semester hours must be taken to qualify for a scholarship. If attending a vocational school, applicants must attend for the full time that is offered by the school.
5. Write or print (Do Not Type) all information on Application. Your Signature is required.
6. Anyone may apply even though they do not reside in the local area.
7. Resume may be typed.

SIGNATURE: _____

NOTE: All scholarship recipients and their parents (families) will be invited to the regular June meeting of The Post 245 (the first Thursday). At this time, you will be introduced as a Scholarship Winner and will be awarded a Certificate.

IMPORTANT NOTE: PLEASE READ THESE GUIDELINES CAREFULLY; FAILURE TO COMPLY WITH THE ABOVE RULES WILL RESULT IN YOUR DISQUALIFICATION.

SCHOOL INFORMATION To be completed by Counselor.

1. Counselor's Name _____ Phone _____
2. Student's High School Average _____ Grade Point Average _____
Student's Rank in class _____ of _____ Quarter _____

STUDENT INFORMATION To be completed by Student.

1. Name of School _____ City _____
Date of Graduation _____ SAT Score _____
2. List School Honors and Awards _____

3. List Civic Honors and Awards _____

4. Name of College/School to attend: _____

Have you been accepted by this Institution _____ Course of Study

(1) Major _____ (2) Minor _____

5. Reason Scholarship should be awarded to you _____

6. Attach Personal Resume.

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ State _____ City _____ State _____

7. How did you know about The American Legion Scholarship _____
