

American Legion Post 323

Scholarship Application

Applicant: **Birth Date:**

First Name Last Name MI YYYY-MM-DD

Home Address:

Street City State Zip

Phone Number: **Email:**

Parents/Guardians Names:

Phone Number: **Email:**

Siblings:

Age	<input type="text"/>	Living at Home? (Y/N)	<input type="text"/>	In College? (Y/N)	<input type="text"/>
Age	<input type="text"/>	Living at Home? (Y/N)	<input type="text"/>	In College? (Y/N)	<input type="text"/>
Age	<input type="text"/>	Living at Home? (Y/N)	<input type="text"/>	In College? (Y/N)	<input type="text"/>
Age	<input type="text"/>	Living at Home? (Y/N)	<input type="text"/>	In College? (Y/N)	<input type="text"/>

Financial Need: Family Gross Income, information provided on your parent(s) tax return(s)
* You must furnish FAFSA information upon request.

under \$20,000 \$20,000 to \$60,000 \$60,000 to \$100,000 over \$100,000

Please explain your personal financial need, by indicating the percentage of financial responsibility you have for your college education: You: % Parents: %

Name of colleges / universities you are considering attending. If you are undecided, please indicate the type of college / university you are considering:

Your intended major and future career goals:

Name the extra curricular activities in which you have participated in & the number of years you were an active member:

Community Service/School or Church Organizations/Volunteer Activities:

Honors and Special Recognition and Awards:

[Redacted]

Your Greatest Accomplishment & Why:

[Redacted]

Your Employment History:

Employer	Dates Employed	Reason for Leaving that Job
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

How much have you saved for your college education? [Redacted]

Are there any extenuating circumstances, which you would like to share with the scholarship committee?

[Redacted]

**THIS SECTION MUST BE COMPLETED BY YOUR COLLEGE & CAREER COUNSELOR
OR PARENT (when home schooled)**

Grade Point Average after 7 semesters: [Redacted] Weighted GPA: [Redacted] Credits Earned: [Redacted]

Best ACT Composite Score: [Redacted] SAT Composite Score: [Redacted]

Class Rank: [Redacted] Out of: [Redacted] Graduating Date: [Redacted]

Counselor's/Parent's Signature: [Redacted] Date: [Redacted]

Phone Number: [Redacted]

High School (or Home School) Attending: [Redacted]

Relative (parent, grandparent, or great-grandparent) and Name of Relative that is (or, if deceased, was) a member of American Legion Post 323 in Wentzville, MO.

Relationship: [Redacted] Name of Relative: [Redacted]

Mail to: American Legion Post 323
P.O. Box 526
Wentzville, MO 63385

**SCHOLARSHIP APPLICATION
DUE BY 15 MARCH**