



**The American Legion**  
Colonial Heights Post No. 284  
P.O. Box 57  
Colonial Heights, Virginia 23834-0057

**SY 2009-2010 SCHOLARSHIP APPLICATION**

This information on this application will be used by the Colonial Heights American Legion Post 284 Scholarship Committee only and will be held in strict confidence. The Committee can consider no applicant until this form is completed in its entirety. **Print neatly/use additional sheets as necessary!**

**PERSONAL INFORMATION**

Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
First, Middle Initial, Last Name

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, name of spouse: \_\_\_\_\_  
If Yes, is your spouse employed: Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, name of employer: \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_

Do you have any legal dependents other than a spouse? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, list name(s) and age(s): \_\_\_\_\_

Are you employed while going to school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, name of employer: \_\_\_\_\_  
Annual Income: \$ \_\_\_\_\_

Are you claimed as a dependent on your parent(s) or others tax return? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPONSOR INFORMATION**

Post 284 Sponsor: \_\_\_\_\_  
Name of eligible family member of Post 284

Relationship to Applicant: \_\_\_\_\_

**FAMILY INFORMATION**

Marital Status of Parents: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed  
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address (If different from Applicant) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Does/will your father support your educational costs: Yes \_\_\_\_\_ No \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address (If different from Applicant) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Does/will your mother support your educational costs: Yes \_\_\_\_\_ No \_\_\_\_\_

List names and ages of brothers/sisters living at home: \_\_\_\_\_  
\_\_\_\_\_

List names and ages of brothers/sisters that are attending or will attend college next school year: \_\_\_\_\_  
\_\_\_\_\_

Parent's Adjusted Gross Income: (Check only if you are listed as a dependent on their return/they contribute to educational costs)

\_\_\_\_\_ Under \$14,999      \_\_\_\_\_ \$15,000 - \$19,999  
\_\_\_\_\_ \$20,000 - \$24,999      \_\_\_\_\_ \$25,000 - \$29,999      \_\_\_\_\_ \$30,000 - \$37,999  
\_\_\_\_\_ \$38,000 - \$45,999      \_\_\_\_\_ \$46,000 - \$54,999      \_\_\_\_\_ \$55,000 - \$64,999  
\_\_\_\_\_ \$65,000 - \$74,999      \_\_\_\_\_ \$75,000 - \$99,999      \_\_\_\_\_ Over \$100,000

This information above is true and correct to the best of my knowledge and I understand that the information given will be held in strictest confidence and that the information will only be used by the scholarship committee to determine scholarship eligibility and financial need.

\_\_\_\_\_ Date: \_\_\_\_\_  
**Signature of Parent**

### **EDUCATION**

Name of your high school: \_\_\_\_\_ Graduation date: (Mo/Yr): \_\_\_\_/\_\_\_\_

Name and address of the institution that you plan to attend or are now attending: \_\_\_\_\_  
\_\_\_\_\_

State your college area of study (Examples Registered Nurse, Civil Engineering, Education, etc.): \_\_\_\_\_  
\_\_\_\_\_

Do you plan to reside at school (dorm or apartment) or will your commute from home?

Reside at school: \_\_\_\_\_ Commute from home: \_\_\_\_\_

List any other scholarships you have received/expecting and the amounts: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for or received financial aid or loans to pay for the cost of your college education?

Yes \_\_\_\_\_ No \_\_\_\_\_

### **MILITARY SERVICE**

Have you attended/enrolled in a high school or college/university ROTC program? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, state the names of the program(s), school(s); and year(s). \_\_\_\_\_  
\_\_\_\_\_

Have you served in any capacity in the Armed Forces of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
 On active duty now? Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran Yes \_\_\_\_\_ No \_\_\_\_\_  
 Reserves/National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_ Serve on active duty with Reserve/Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes to any of the above (Please use additional sheets if you need more room):

Branch of Service(s): \_\_\_\_\_  
 Current rank/Highest Rank Held: \_\_\_\_\_  
 Periods of Service: \_\_\_\_\_ Character of Discharge: \_\_\_\_\_

List awards and decorations: \_\_\_\_\_  
 \_\_\_\_\_

Are you a member of the Sons of the American Legion? Yes: \_\_\_\_\_ Detachment: \_\_\_\_\_ No: \_\_\_\_\_  
 Are you a member of the American Legion Auxiliary? Yes: \_\_\_\_\_ Unit: \_\_\_\_\_ No: \_\_\_\_\_  
 Are you a member of the American Legion? Yes: \_\_\_\_\_ Post: \_\_\_\_\_ Member # \_\_\_\_\_ No: \_\_\_\_\_

**SCHOOL ACTIVITIES**

(Attach separate sheet if more room required)

**School Activities** (List clubs, organizations, and activities you participated in and leadership positions that you held (i.e., President, Treasurer, Secretary, etc.). Indicate the school year for each activity:

School Year	School Activity	Leadership Position

**Awards and Recognitions** (List all awards and recognitions you received. Indicate the school year for each item. (i.e., Deans List, Honor Roll, Sports Letters, Boys/Girls State, competition awards, etc.)

School Year	Award or Recognition

**Community and/or Charitable involvement:** (Please be specific for each involvement, i.e., name of organization, hours involved, and activities you performed).

Year(s)	Organization	Hours Involved	Activities performed

**I give permission to release my records when needed for scholarship competition and affirm that all information in this application is truthful & accurate to the best of my knowledge.**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student Signature**