



ROME CITY AMERICAN LEGION POST 381

American Legion – Legion Auxiliary – Sons of American Legion Scholarship Form

Eligibility: Applicant must have a (step) father, (step) mother, (step) grandparent or legal guardian who is a member in good standing of one of the named organizations and has maintained that membership for at least two years prior to the date of submission of the scholarship application.

1. Applications will be accepted by a graduating high school senior student who plans to attend a secondary educational institution defined as a university, college, trade or vocational school.
2. Applicant must have at least a B average.
3. Applicant must demonstrate good character, leadership and be active in school and civic activities.
4. Applicant should demonstrate financial need.
5. All applications must be received by April 1st of the scholarship year.
6. All applicants must be available for personal interview.
7. Attach with form a statement telling why you want this scholarship.
8. Attach a letter of recommendation from current school faculty member.
9. A copy of the letter of acceptance to said educational institution shall be attached to the scholarship application if received by time of submittal.
10. The person awarded the scholarship will be presented a letter of intent granting the said Scholarship at the High School annual awards banquet. The letter shall contain the amount of scholarship; the name and phone number of contact person from the giving organization along with a statement that the scholarship check will be issued to the education institution a month preceding formal admission. Student will need to provide a student ID Number and where check should be sent.
11. Any student that fails to complete the first semester will have to refund the total sum of the awarded scholarship to Legion Post 381.

SCHOLARSHIP FORM

APPLICATION DUE DATE: APRIL 1

American Legion – Auxiliary – Sons of American Legion – POST 381

**MAIL COMPLETED APPLICATION
IN SEALED ENVELOPE TO:
AMERICAN LEGION POST 381
ATTENTION: SCHOLARSHIP
611 Kelly Street Extended, P. O. Box 673
ROME CITY, IN 46784**

Name _____
(Last Name) (First Name) (Middle Initial)

Home Address _____
(Street Address)

(City) (State) (Zip)

Phone (home and/or cell) _____

E-Mail Address: _____

Date of Birth _____

Sponsor's Name _____

Relationship _____

Sponsor's Years of Membership in American Legion _____

Address of sponsor: _____
(Street Address)

(City)

(State)

(Zip)

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Father's Name: _____

Father's Occupation: _____

Mother's Name: _____

Mother's Occupation: _____

Number of Siblings under age 18 at Home _____ Siblings Enrolled in College _____

Family Income - Under \$50,000 _____ Over \$50,000 _____

Grade Point Average (GPA): _____

Class Rank: _____

List any Employment which you have engaged in during High School and Dates: _____

List any High School Activities and any Offices Held: Attach a separate Sheet

List Community Activities in which you have volunteered: Attach a separate Sheet

What Institution do you plan to attend? _____

Have you been accepted? Yes _____ No _____ (Attach copy of acceptance letter)

What is your intended field of study? _____

State Your Educational Goals: Attach a separate Sheet

Provide a brief statement of your parent or guardians tour of duties in the Armed Services: