

**IMPORTANT: DEADLINE IS MARCH 15TH**

**ANSWER ALL QUESTIONS 1-16 & COMPLETE PAGE FOUR**

Circle one:

DIVISION: 1 2 3 4 5

THE AMERICAN LEGION  
DEPARTMENT OF ILLINOIS

OFFICE: 309-663-0361

FAX: 309-663-5783



WEBSITE: [www.illegion.org](http://www.illegion.org)

EMAIL: [hdqs@illegion.org](mailto:hdqs@illegion.org)

THE AMERICAN LEGION SCHOLARSHIP AWARD  
or  
THE AMERICAN LEGION TRADE SCHOOL SCHOLARSHIP AWARD

Administered by

THE EDUCATION AND SCHOLARSHIP COMMITTEE  
THE AMERICAN LEGION, DEPARTMENT OF ILLINOIS  
P. O. Box 2910, Bloomington, Illinois 61702-2910

**\*\*\* IMPORTANT: MARCH 15 DEADLINE \*\*\***

Applications must be in the Department Headquarters Office, The American Legion, P.O. Box 2910, Bloomington, IL 61702-2910.  
No Later Than March 15. Late Applications Will Not Be Accepted.

**MANDATORY - Attach copy of High School Transcript & ACT Scores**

**EMAIL or FAXED Applications are accepted.**

APPLICATION FOR ASSISTANCE

To be filled out by student with help of parent or guardian, classroom teacher and principal.

- A. First, read The American Legion Education and Scholarships Committee Brochure and specifically the page entitled "Scholarship Award" which outlines conditions, rules and requirements. Second, read all pages of this application.
- B. The information requested about you and your parents will be used to determine your eligibility, and to process and evaluate the application, so it is important that all questions be answered and instructions followed.
- C. Following receipt of this application, The American Legion Education and Scholarship Committee will give careful consideration to all applications, determine the number of applicants to receive scholarship grants. All applicants approved by the Education and Scholarship Committee will be notified on or about May 1. Decisions of the Education and Scholarship Committee will be final.

FOR DEPARTMENT USE ONLY  
CIRCLE rejected number(s) below:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



12. What jobs have you held in the past two years? If none, why not?

13. What funds do you have available for your first year of school?

- A. From Savings \$ \_\_\_\_\_
- B. From Earnings \$ \_\_\_\_\_
- C. From Parents \$ \_\_\_\_\_
- D. From other loans and scholarships \$ \_\_\_\_\_

14. What is your philosophy concerning the responsibilities of youth to the future of America? \_\_\_\_\_

15. STATEMENT OF APPLICANT:

- A. In the event that I am granted the scholarship, I hereby certify that I am willing to take and subscribe to an oath or affirmation that I do solemnly swear (or affirm) that I shall bear true faith and allegiance to the United States of America and shall support and defend the Constitution and the laws of local, state, and federal governments.
- B. I affirm that the information given in the foregoing application is true and correct.

\_\_\_\_\_  
Tel. No. - include Area Code

\_\_\_\_\_  
Signature of Applicant

16. STATEMENT OF PARENT, GRANDPARENT OR GUARDIAN:

I have read the foregoing application and statements in full and, to the best of my knowledge, the information is true and accurate. I am a member of Post Number \_\_\_\_\_, located in \_\_\_\_\_, of the \_\_\_\_\_ Division.

Post Commander or Adjutant Name \_\_\_\_\_ My Member I.D. number is \_\_\_\_\_.

\_\_\_\_\_  
Signature of Post Commander or Adjutant\*

\_\_\_\_\_  
Signature of Parent, Grandparent or Guardian  
\*\* Please Circle Relation to Applicant \*\*

\*The signature of the Post Commander or Adjutant is only required if Parent, Grandparent or Guardian is deceased to verify past membership.

PARENTS CONFIDENTIAL STATEMENT

Information in this application will be treated as confidential.

To be submitted with Application for  
The American Legion Scholarship Award  
Administered by  
The Education and Scholarship Committee  
The American Legion  
Department of Illinois

**PLEASE answer all questions**

Student's Name \_\_\_\_\_

Name of Father, Stepfather or Guardian \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by \_\_\_\_\_ Years with Firm \_\_\_\_\_

Name of Mother, Stepmother or Guardian \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ Title \_\_\_\_\_

Employed by \_\_\_\_\_ Years with Firm \_\_\_\_\_

Parents Income

Adjusted Gross Income

(Adjusted Gross Income on Form 1040 - Line 31;

1040A - Line 6E; 1040EZ - Line 4      \$ \_\_\_\_\_

Use the most recent tax figure available and indicate the tax year of those figures.

Describe any circumstance which may affect your family's ability to provide for your college education.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ALL DEPENDENT CHILDREN

Name	Age	Check if Living with Family	Name of Present School	Year in School
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				