

**THE AMERICAN LEGION, DEPARTMENT OF MARYLAND
THE WAR MEMORIAL, 101 N. GAY STREET
BALTIMORE, MARYLAND 21202**

SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name _____ Phone No. () _____

Address _____
Street City State Zip Code

Date of Birth _____ Social Security No. _____

SCHOOL INFORMATION

Name of High School _____

Address _____ Phone No. () _____

Class Rank as of January of your senior year in high school:
Top 5%, Top 10%, Top 20%, etc. _____

Accumulated **GPA** at completion of 11th grade: _____

SAT scores:
Verbal _____ Math _____ Total _____
Verbal _____ Math _____ Total _____

List participation in significant school activities:

List participation in significant community activities:

Please **circle** any American Legion youth citizenship programs in which you participated:

Boys State Girls State H.S. Oratorical Contest Legion Baseball

Please **circle** scholarship for which you are applying:

General Scholarship Math/Science Scholarship Both Scholarships

OVER

PARENT INFORMATION

Name of Father _____ Occupation _____
Military Service Dates _____ Serial No. _____
Branch _____ Type of Discharge _____
Father Belongs to American Legion Post No. _____ Card No. _____

Name of Mother _____ Occupation _____
Military Service Dates _____ Serial No. _____
Branch _____ Type of Discharge _____
Mother Belongs to Legion Post or Unit No. _____ Card No. _____

Is either parent deceased? _____ Is death service connected? _____ XC No. _____

Is either parent disabled? _____ Is disability service connected? _____ C No. _____

Dependent children in family other than applicant:

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

OTHER INFORMATION

In addition to the information on this form, the applicant must submit by **April 1** the following:

1. Academic transcript of his/her high school record (courses/credits) that includes the **SAT** scores and grade point average (**GPA**).
2. Three (3) letters of reference from responsible adults (not relatives).
3. A brief essay indicating career objective, why further education is needed, and any extenuating circumstances that should be considered.

CERTIFICATION

I affirm that the foregoing information reported on this application form is true, correct, and complete. I fully understand that any misrepresentation or incorrect information can lead to disqualification for or forfeiture of any scholarship grant.

DATE

STUDENT'S SIGNATURE

REVIEWED BY

PARENT'S SIGNATURE

SCHOOL COUNSELOR'S SIGNATURE

TO : APPLICANT
FROM : DEPARTMENT SCHOLARSHIP COMMITTEE
SUBJECT : APPLICATION INFORMATION

To be considered for a scholarship, the applicant must:

- Be a child of a veteran.
- Be a Maryland resident.
- Not have attained their 20th birthday by January 1, 2003
- Intend to be a full-time student when he/she enters college
(at least 12 credits a semester)
- Have application, along with essay and transcript, delivered to:

The American Legion, Department of Maryland, Inc.
War Memorial Building
101 N. Gay Street, Room E
Baltimore, Maryland 21202

- Applications are due in this office on or before **April 1, 2003.**

Sincerely,

Robert M. Johnson, Chairman
Scholarship Committee

RMJ/ld