

# AMERICAN LEGION POST 658 YHS SCHOLARSHIP APPLICATION FORM

Student's full name: \_\_\_\_\_

Student's address: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ SS# \_\_\_\_\_

Phone number: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Is father or mother a member of the American Legion? \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ Class rank: \_\_\_\_\_

Honors and Awards:

Office and positions of leadership:

Have you ever been employed?

Name and address of college you plan to attend: \_\_\_\_\_

\_\_\_\_\_

Give a short summary of your plans for the future and how the scholarship would be used. (Attach another sheet if necessary.)