

Application Form

Sons of the American Legion Scholarship Award

Name of Student _____

Address _____

Phone # _____

High School currently attending _____

1. What college do you plan on attending? _____

2. What will your major be? _____

3. What is the estimated cost (tuition, fees and books)? _____

4. Did you fill out the FAFSA? Yes _____ No _____

5. If so, what is your EFC? _____

6. List the members of your family currently attending college and the college they attend.

7. List family names currently living at home.

Father _____ Yearly Income _____

Where employed? _____

Mother _____ Yearly Income _____

Where employed _____

Dependents;

Name	Age	Grade

8. Do you have any family members (grandparents, parents, brothers or sisters) that served or are currently serving in any branch of the United States military? Yes _____ No _____

9. Are any family members (grandparents, parents, brothers or sisters) currently members of the American Legion, American Legion Auxiliary or the Sons of the American Legion? Yes _____ No _____

10. If yes to #9, list the names and which organization they are a member of.

11. List any honors or awards you may have received while attending high school.

12. List any extra-curricular activities or community organizations you have participated in while in high school. _____

Student Signature _____ Date _____