

ALA UNIT 203 SCHOLARSHIP APPLICATION 2018

Name of applicant _____

Address _____

City _____ State _____ Zip _____

Phone #: _____ Email: _____

Social Security Number _____

Are you employed? YES NO (Circle one)

Name address, and phone number of employer _____

Salary _____ MONTHLY WEEKLY ANNUALLY (Circle one)

Are you receiving OR do you expect to receive scholarships or grants from other sources? Y / N

If so, list names and amounts _____

Do you plan to work while in college? YES NO (Circle one)

Name, address, and phone number of college or technical school that you plan to attend and office to which check should be sent: _____

What is your course of studies? _____

Names of parents/guardians:

Father _____ Occupation _____

Mother _____ Occupation _____

Other _____ Occupation _____

Annual income of parents or guardians with whom you reside: _____

Other dependents living in your household and their relationship to you. List their names and ages:

Are you a direct descendant of a Veteran? YES NO (Circle one)

If so, is the Veteran a member of the American Legion?

Name & Number of Post _____ Location (city,state) _____

Are you a member of the American Legion Auxiliary or the Sons of the American Legion? YES NO

If so, list the name and Unit/Post to which you belong:

Name & Number of Post _____ Location (city, state) _____

List any other information which you would like to share with our committee regarding your interest in pursuing your collegiate or technical school education.
