



Sons of the American Legion

Squadron #53

\$500 Scholarship

ALL APPLICATIONS MUST BE IN THE HANDS OF THE SONS BY APRIL 01, 2015 WITH ALL BLANK SPACES COMPLETED. PLEASE PRINT. On another sheet of paper attached to this application, please state in your own words, why you would like to be considered for this award. Send a copy of your registration of courses you are pursuing. You must be a graduating senior.

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT'S NAME _____

HIGH SCHOOL ATTENDED: _____ GRADE AVG.: _____

YEAR GRADUATED: _____ DATE OF BIRTH: _____

SCHOOL/COLLEGE YOU PLAN TO ATTEND: _____

LOCATION: _____ TIME OF PLANNED ENTRY: _____

CHARACTER AND ACADEMIC REFERENCES

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

Sons of the American Legion Squadron #53
1914 West Capital Avenue
Grand Island, Nebraska 68803

Give a brief description of the course of study you plan to follow.

Give a brief description for the use of the scholarship funds.

List the community activities you have been involved in.

List the school activities you have been involved in.

List some of your hobbies.

Write a brief description of your future goals and objectives.

Do you have a relative (father, mother, grandparent, sister, brother) who is/was a member of the:

American Legion	Yes	No
American Legion Auxiliary	Yes	No
Sons of the American Legion	Yes	No

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The scholarship will be value at \$500.00. \$250.00 of the scholarship will be awarded on acceptance to the first semester or first quarter. \$250.00 will be awarded on acceptance to the second semester or quarter.

All information is true to the best of my knowledge.

Applicant Signature

Please return this application with a copy of your transcript to your guidance counselor or The Sons of American Legion Squadron #53 by April 01, 2015.

Guidance counselor – Please return scholarship applications to:

**Sons of the American Legion Squadron #53
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