

Scituate Post, No. 19

AMERICAN LEGION

P.O. BOX 481

NORTH SCITUATE



RHODE ISLAND 02857

SCITUATE POST 19 SCHOLARSHIP APPLICATION

SCHOLARSHIP AWARD

\$500.00

The American Legion was chartered and incorporated by Congress in 1919 as a patriotic veterans organization devoted to mutual helpfulness. It is the nation's largest wartime veterans service organization, committed to mentoring youth and sponsorship of wholesome programs in our communities. The organization advocates patriotism and honor, promoting strong national security, and continued devotion to our fellow service members and veterans.

Application Instructions:

Please complete the attached application form to apply for the Scholarship, and submit it to your school's Guidance Counselor by **MAY 1**. **Late applications will not be accepted.**

Requirements and checklist of items for application:

- **Must be a resident of Scituate, Rhode Island**
- **Must be related to a Military Veteran (Verification form required: DD 214, NGB Form 22)**
- **Must be a Scituate High School Senior or recent Scituate High School Graduate.**
- **Must have maintained at least a "C" (2.0) average throughout High School.**
- **Must be a well rounded student who has participated in extracurricular school activities.**
- **Must be involved in Community Service ie: volunteerism etc.**

Please sign below along with parent or guardian (if under 18) after reading disclaimer below:

Disclaimer: The Scituate Post 19 is a non-profit organization and does not discriminate against sex, age, gender, color, race, disability, or religion. By signing this form, you agree and give permission such that, if selected as an award recipient, the recipient's name shall be allowed to be announced and published in any and all media outlets including but not limited to newspaper, radio, television, and the internet and be listed on the American Legion website.

Applicant's signature _____ Date _____

Parent's signature _____ Date _____

SCITUATE POST 19 SCHOLARSHIP APPLICATION

Personal Information (PRINT)

First Name: _____ Last Name: _____

Address: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

Email address: _____ Telephone: _____

Relationship to Military Veteran: _____

Educational Information

High School Graduation Date (Actual/Expected): _____

Simple 4-Year GPA: _____

Please submit copy of your High School transcript with this application.

What College/University do you plan on attending after High School?

(Scholarship award CHECK will be made out to the college/university that you will be attending.)

Extracurricular Activities:

Please describe in detail what activities, as well as positions and responsibilities you have held during High School: (attach additional pages, if necessary)
