

American Legion Post 326 Scholarship Application

Please type or print all information on both pages. **Return this application to the Counseling Office at your school**

Name _____ Gender _____ Age _____
E-mail address _____ Phone _____
Home address _____

Name of Schools attended: Elem. _____ Middle School _____
High School (currently attending) _____

Father's Name _____ Address _____
Home Phone _____ Business Phone _____
Name of Business/Employer _____ Address _____

Mother's Name _____ Address _____
Home Phone _____ Business Phone _____
Name of Business/Employer _____ Address _____

Total number of dependents being supported by parents _____
Number of dependent children (including you) _____ Ages _____, _____, _____, _____, _____
Other dependents (e.g. Grandparent) _____
Number of family members attending college in the next 4 years (including yourself) _____

Please check approximate total annual household income before deductions. Include all sources of income EXCEPT earnings of minors in part time jobs.

Less than \$25,000 _____ \$25,001-\$50,000 _____ \$50,001-\$75,000 _____ \$75,001-\$100,000 _____ Over \$100,001 _____

Describe any existing conditions that cause unusual financial expenditures for parents or dependents listed above
Such as illness, dental conditions, support by one parent, etc.

Describe military experience, if any, of your parents or close relatives _____

Please list in order of your preferences

Colleges _____, _____, _____
Your intended major (s) _____, _____, _____
Career plans after college _____
Other Scholarships applied for _____
Scholarships received/amount _____

Employment (present and previous, if any)

Business	Type of work	Approximate Hrs. per week	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PSAT _____ SAT _____ ACT _____ GPA _____ Class ranking _____