



McDonough County Post #6  
American Legion Scholarship  
130 S. Lafayette – Suite 200  
Macomb, IL 61455  
Phone: 309-575-3226 Fax: 309-837-2887

# American Legion Scholarship Application

If you desire to make an application for financial assistance from the American Legion Scholarship, complete this application and return to the Regional Office of Education by the due date.

**APPLICATIONS MUST BE TYPED. NO APPLICATIONS WILL BE CONSIDERED AFTER DUE DATE.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*Please indicate your relationship(s) to a Post #6 member, McDonough County Veteran, and/or a Veteran below:*

Name of Post #6 Member: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of McDonough County Veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Veteran: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 1. Family - Parents and Siblings

(Names and Relationships of Other Persons Residing in Home (State ages of brothers and sisters, if any.)

Names	Relationship	Age

Occupation or Occupations of Parents:

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## 2. Education - High School Presently Attending

Type of School	Name of School and Complete Mailing Address	No. Years
Current High School		
Other High Schools Attended, if applicable		

Continue on the next page

3. Extra-Curricular Activities and Year(s):

4. Community Activity/Activities and Year(s):

5. Hobbies:

6. Employment - List any Employment you have or have had

Name of Employer (**Company**): \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer (**Company**): \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer (**Company**): \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

7. College or University You Desire to Attend

College/University	Course of Study	Profession/Occupation

8. Class Rank: \_\_\_\_\_

9. Grade Point Average: \_\_\_\_\_

10. Number of Students in Class: \_\_\_\_\_

11. Include Two (2) Letters of Recommendation.

12. Attach Transcript including SAT Scores.

13. Provide a statement in the space below in which you address the role that your Nation, Community, and School have played in your past, your present, and will play in your future. (Limited to the space provided below.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Failure to comply with all requirements and requests of this application  
will result in disqualification of your application.