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| Post 1819 Scholarship Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name | Click here to enter name |
| Home Address | Click here to enter address |
| City ST ZIP Code | Click here to enter city, state, zip |
| Home Phone | Click here to enter home phone |
| Work Phone | Click here to enter work phone |
| Cell Phone | Click here to enter cell phone |
| E-Mail Address | Click here to enter email address |
| Citizenship | Click here to enter citizenship |

## Qualification

### Please indicate your status: (check all that apply)

|  |  |
| --- | --- |
| ☐Member of Post 1819 | ☐ Relative is Member of Post 1819. Member name Click here to enter text. |
| ☐Attending Norwich University | ☐ Member of the Norwich University Corp of Cadets |
| ☐ Veteran of U.S. Armed Forces. (please provide DD214) |  |

## Tell us about you

|  |
| --- |
| What College/University do you intend on attending or currently attend? (High School Seniors may list Schools applied to) :  Click here to enter college/university |
| What is your major? Click here to enter major |
| Please list honors and awards received with year received.  Click here to enter honors and awards |
| Please list extracurricular activities, leadership positions held and work experience.  Click here to enter text |

## Essay (fit in space provided)

### Why should Post 1819 award me a scholarship

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| --- |
| Click here to enter text |

## High School Students only

### What is your class ranking (if known): Click here to enter text out of Click here to enter text.

### Current grade point average: Click here to enter text out of possible Click here to enter text.

SAT/ACT Score: Click here to enter text

## Agreement and Signature

### To the best of my knowledge the information on this Scholarship Application is accurate and correct. I understand any and all information is subject to verification. I further understand that the decisions of the American Legion Post 1819 Scholarship committee are final and not subject to appeal.

|  |  |
| --- | --- |
| Name (printed) | Click here to enter text |
| Signature |  |
| Date | Click here to enter text |

## Submission Requirements

* Completed application
* **2 recommendations** from non-family members
* Submitted via e-mail with attachments in .pdf format to [post1819@legionpost1819.org](mailto:post1819@legionpost1819.org)
* Submitted not later than 31 January 2017

Web address:  [www.legionpost1819.org](http://www.legionpost1819.org)