FORM # ALS104

APPLICATION FOR SCHOLARSHIP AWARD

PLEASE CIRCLE RELATIONSHIP AND PARENTS AFFILIATION:

I AM A SON, DAUGHTER, GRANDSON, GRANDDAUGHTER, STEPCHILD, ADOPTED CHILD OF A CURRENT PAID LEGION MEMBER OR AN AUXILIARY MEMBER WHOSE HUSBAND IS DECEASED, OR THE SON OR DAUGHTER OF A MEMBER OF SQUARDRON 72.

DIRECTION: PLEASE FILL IN EACH ITEM
PLEASE PRINT

NAME_____
(FIRST) (MIDDLE) (LAST)

HOME ADDRESS _____
(STREET)

_____
(CITY, STATE AND ZIP CODE)

HOME PHONE_____

SOCIAL SECURTY NUMBER_____

NAME OF LEGAL GUARDIAN_____

FATHER'S OR GRANDFATHER'S NAME _____

MOTHER'S OR GRANDMOTHER'S NAME _____

I understand that I am to inform
Post 72 of the college of my choice. I further understand that I will inform
Post 72 if I am unable to attend so the scholarship may be awarded to another student.

Applicant' signature_____
Date

Parent or guardian's Signature_____
Date

ATTACH A NOTE. TELL US WHO YOU ARE AND WHAT YOU DO.