**The Damascus American Legion**

PO Box 171, Damascus, Maryland 20872

(301) 253-0769 – [Scholarship@legionpost171.org](mailto:Scholarship@legionpost171.org)

2019 GENERAL SCHOLARSHIP GRANT INFORMATION

The Damascus American Legion Post 171, Damascus, Maryland announces the scholarship program for the school year 2019 – 2020. Four scholarship grants in the amount of $2,000.00 will be awarded in the spring of 2019.

To be eligible for consideration, an applicant must:

1. be a citizen of the United States.
2. be a graduating senior with a cumulative GPA of 3.0 or higher who will attend full time, in 2018, an accredited post-secondary academic institution, accredited vocational, trade or business school.
3. Home schooled students must be in a state-approved program.

Applicants will be judged on scholastic achievement, leadership, character, citizenship, school and community activities, work experience and the content and quality of their essay. **THE DECISIONS OF THE SCHOLARSHIP COMMITTEE WILL BE FINAL.**

The following information must be submitted and postmarked no later than March 29, 2019. Mail all materials to: Scholarship Committee, Damascus American Legion, P.O. Box 171, Damascus, MD 20872

1. A completed **APPLICATION FOR SCHOLARSHIP GRANT** (attached).
2. A high school academic transcript certified by the school registrar. (Official version)
3. Three (3) letters of reference by adults (not relatives).
4. An original essay by the applicant containing approximately 600 words [typed, double spaced and 12 (or larger) point type], and describing the applicant’s career objectives, course of study, and how this course of study as well as their activities at school and at work will help them achieve those objectives.

If additional room is required on the application, please include this information on separate sheets of paper.

The successful recipients of the scholarships will be announced at their high school’s Awards Ceremony or other appropriate time.

The scholarship grant will be sent directly to the university, college, or institution indicated by the recipient and credited to the student’s account.

**Please note: All applicant information will be shredded on conclusion of judging.**2019 APPLICATION FOR SCHOLARSHIP GRANT

**STUDENT INFORMATION**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Citizen? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is a member of your immediate family\* a veteran? Yes\_\_\_\_ No\_\_\_\_

Are they a member of the American Legion or Sons of AL? Yes\_\_\_\_ No\_\_\_\_

\*(immediate family = father/mother; step-father/step-mother; grandfather/grandmother; step-grandfather/step-grandmother; brother or sister)

Veteran’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legion Post Number \_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL INFORMATION**

Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What universities, colleges, vocational, trade, or business schools have you applied for acceptance? Please indicate those schools where you have been accepted with an asterisk (\*).

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**SCHOOL ACTIVITIES**

YEAR ACTIVITY POSITION Estimated number of

hours per week

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**COMMUNITY ACTIVITIES**

YEAR ACTIVITY POSITION Estimated number of

hours per week

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**WORK EXPERIENCE**

From To EMPLOYER POSITION Estimated number of

hours per week

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**REFERENCES (not relatives)**

Name Address Telephone Number

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**COMMENTS**

Please provide any additional information or special facts that you would like the Scholarship Committee to consider with your application (i.e., any pertinent or unusual information concerning the financial assets and obligations of your family).

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**CERTIFICATION**

I affirm that the information reported on this application is true, correct, and complete. I fully understand that any misrepresentation or incorrect information can lead to disqualification for and forfeiture of any scholarship grant.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Student’s Signature

Reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature School Counselor’s Signature

Quick Checklist:

\_\_\_\_ Application

\_\_\_\_ Transcript

\_\_\_\_ Three (3) letters of reference

\_\_\_\_ Essay