



THE AMERICAN LEGION

R.C. DuPont Post 18

Peter M. Dirga

302-384-3363 (c) 302-798-8498 (h)

Scholarship Application

Eligibility: Students must be enrolled in High School and Graduating in the year 2020. The student must attend a Post Approved High School and/or be a descended of, or a sibling of a member of the Post, SAL or Auxiliary. The scholarship may be used for undergraduate study only at an accredited U.S. College or University.

(Type or print legibly)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDAY: _____ SOCIAL SECURITY NUMBER: _____

Home Phone: _____ Cell Phone: _____

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Father's Name and Occupation _____

Mother's Name and Occupation _____

List names of brothers and/or sisters and their ages.

Name, Age:

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High School enrollment _____ Number of Students in your class _____

Grade Point Average (GPA) _____ Scale of A = _____

Class Rank _____ SAT Scores Math _____ Verbal _____ Total _____ ACT _____

Attach a certified copy of your official high school transcript to this application

List school activities in which you have been involved and any offices held:

List Community Activities in which you have been involved:

List if your parents, grandparents or you are a member of The American Legion, Sons of American Legion, or American Legion Auxiliary; or, participated in an American Legion program. Name of parents and/or grandparents and the activities in which they and/or you have been involved.

American Legion Member Yes _____ No _____

Location of American Legion City _____ State _____

American Legion Auxiliary Yes _____ No _____

Son of American Legion Yes _____ No _____

American Legion Boys/Girls State Yes _____ No _____

American Legion Baseball Yes _____ No _____

American Legion Oratorical Yes _____ No _____

Which College or University do you want to attend and Why?

Why is a college education important to you?

List three (3) references. Do Not List Relatives. One (1) reference must be someone other than a school employee. Please list by Name, Address , Occupation and Phone.

If I am selected as a scholarship winner, I give The American Legion, Richard C. Dupont Post 18 scholarship award committee the permission to use my likeness and name in announcing and promoting this scholarship program. I understand that The American Legion, Richard C. Dupont Post 18 Selection Committee is solely responsible for the selection of the scholarship winner. I have completed this scholarship application truthfully and have attached my certified High School transcript and returned no later than May13, 2020.

Signature _____ Date _____