

THE AMERICAN LEGION ROSS COUNTY POST 62

53 West Main Street, Chillicothe, OH 45601 Telephone (740) 772-1929

<http://www.horizonview.net/~post62>

SCHOLARSHIP APPLICATION

The Committee awards each scholarship to the most worthy and promising applicants who meet all the qualifications of the scholarship. For this reason, giving complete information about yourself and your family is very important. Priority for the scholarships will be given to applicants with links to members of Ross County American Legion Post 62, if they qualify.

Applications not made on regular forms supplied by the American Legion Scholarship cannot be considered. Awards are made by the Scholarship Committee on a competitive basis taking into account all the information on the application form.

Applications for a scholarship are separate from admission. To apply for this scholarship the educational institution of your choice must have already accepted you as a full time student. You must also keep the educational institution and Ross County American Legion Post 62 informed if you should not accept the scholarship or change institutions.

PLEASE RETURN THIS FORM DIRECTLY TO:

Ross County American Legion Post 62
Scholarship Committee
53 West Main Street
Chillicothe, Ohio 45601

DEADLINE FOR APPLICATION IS: APRIL 15

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Please complete this form and return with 2 recommendations (one by your high school Guidance Counselor and the other by a high school teacher), a financial statement and an official high school transcript. Any awarded scholarship shall be in effect for one school year, but may be cancelled at any time if the student demonstrates an unsatisfactory academic performance, does not continue as a full time student or for other reasons the American Legion Scholarship Committee deems appropriate.

FULL NAME _____ College\University _____

ADDRESS _____ GENDER _____

PHONE _____ DATE OF BIRTH ____/____/____ HIGH SCHOOL _____

GPA _____ SAT/ACT SCORES _____ CLASS RANK _____ OF _____

SOCIAL SECURITY NUMBER _____ PROFESSIONAL GOAL _____

ALL PARENTS OR LEGAL GUARDIAN'S NAMES, ADDRESS, PHONE _____

Describe significant activities, honors, prizes, scholarships or any other recognition in high school

Describe any special ability or talent in particular fields such as Art, Music, Writing, Drama, Sports, Debate and any recognition therefore

Number of siblings, their ages, and how many will be in college this coming academic year _____

Occupation of your parents or guardian _____

Parents' or Guardian's Employer _____ Family Income \$ _____

List your connection (if any) with American Legion Post 62 including which relatives are members

List any relative who is a veteran and supply details (names, branch of service, years) _____

List any involvement you have had with Boys State or Girls State _____

List your community service/volunteer work _____

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List any employment, hours per week, salary _____

List anything else reflecting on leadership ability and good character _____

Make any further statement which you feel will provide the committee with additional information to fully evaluate your application _____

THE STATEMENTS CONTAINED ABOVE (AND ON ANY SEPARATE PAGES COMPLETED BY ME) ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date signed _____

Signature of Applicant

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CONFIDENTIAL FINANCIAL STATEMENT

Please complete an accurate financial statement. All information will be kept in strict confidence.

Father's annual income: \$ _____

Mother's yearly income: \$ _____

Your annual income: \$ _____

Amount your parents can afford to contribute toward your first year of college \$ _____

Amount of any other Financial resources Available to you: \$ _____

List all scholarships or grants for which you have applied _____

List scholarships and grants which you have been awarded for the coming year (with amounts) _____

SIGNATURE OF APPLICANT _____

ONLY MEMBERS OF THE SELECTION COMMITTEE WILL HAVE ACCESS TO THIS INFORMATION

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Name of educational institution where you have been accepted and plan to attend:

Address of institution: _____

Name of contact person in the Administrations Office: _____

Address: _____ Phone: _____

Name of contact in the Bursar's office (where tuition is paid): _____

Address: _____ Phone: _____

Scholarships will be paid directly to the educational institution and prorated on a quarterly or semester basis depending on the class schedule of the institution.

Please attach a copy of your admissions/acceptance letter from the educational institution stated above.