

THE AMERICAN LEGION
Department of New York
Lt. B.R. Kimlau Post 1291
191 Canal Street, New York, N. Y. 10013
(212) 925-5528, Fax (212) 925-1436

SCHOLARSHIP APPLICATION FORM
(DUE DATE: AUGUST 31ST)

Name of Applicant: _____

Name of Post Member: _____ Member ID# _____

Applicant Relationship to Member : () Self () Spouse () Child () Grandchild

Home Address: _____

Home Telephone #: _____ E-mail Address: _____

Education: Graduating Secondary School/College Attended: _____

School Address: _____

Dates Attended: From _____ to _____

Graduating Secondary School graduation date _____ College to be attended _____

Supporting Document(s) Submitted: () Official graduating secondary school transcript/SAT report
() Official transcript from college

I hereby apply for a scholarship grant from the American Legion Lt. B. R. Kimlau Post 1291, and affirmed that the above information and supporting documents are complete and accurate.

Signature of Applicant: _____ Date: _____

Sponsor signature: _____ Date: _____

For Official Use Only

Received By: _____ Date: _____

Supporting Document(s) Checked:

Official Transcript: _____ SAT Score: _____ Total Average/GPA: _____ () Qualified () Disqualified

Committee Approval: () Yes () No

Ranking: _____ Date: _____