

**The Lt. B. R. Kimlau Chinese Memorial Post 1291  
Of The American Legion,  
Department of New York, Inc.  
191 Canal Street, New York, N. Y. 10013  
(212) 925-5528, Fax (212) 925-1436**

**ROBERT S. WONG CHINESE EDUCATION AWARD  
APPLICATION FORM  
(DUE DATE: AUGUST 31<sup>ST</sup>)**

Name of Applicant: \_\_\_\_\_

Name of Post Member: \_\_\_\_\_ Member ID# \_\_\_\_\_

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

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

Home Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Chinese Education: Class/Course Completed: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Supporting Document(s) Submitted: ( ) Official Class/Course completion certificate

( ) Official transcript from school

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: \_\_\_\_\_

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**For Official Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Supporting Document(s) Checked:

Official Transcript: \_\_\_\_\_ ( ) Qualified ( ) Disqualified

Committee Approval: ( ) Yes ( ) No

Ranking: \_\_\_\_\_ Date: \_\_\_\_\_