

Browne/Cavender  
American Legion Post #148  
Scholarship Application

All applicants must include:

1. An official transcript, certified by the school that included the student's academic record.
2. ACT or SAT test scores. These may be photocopied.
3. Two letters from non-family members. These may be from teachers.

Please type or print legibly in ink.

Application for Scholarship Award for the academic year 20\_\_ thru 20\_\_.

Full Legal Name: \_\_\_\_\_

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

High School(s) Attended:

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

Name of School(s)	City	Years Attended
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Date of Graduation: \_\_\_\_\_

Higher Education Institution (College, Trade School, etc.):

\_\_\_\_\_

Father: \_\_\_\_\_

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

Mother: \_\_\_\_\_

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

Guardian's Name (if it pertains): \_\_\_\_\_

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

Family member who is currently serving or is an honorably discharged veteran of the U.S. Military Services  
and their Branch of Service:

\_\_\_\_\_

Signature: \_\_\_\_\_

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

Student

Signature: \_\_\_\_\_

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

Parent or Guardian

Student Name: \_\_\_\_\_

SCHOLASTIC (High School)

Academic Honors and Awards (State year and nature of) \_\_\_\_\_

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

Member of Academic Organization (State Name of Organization, year(s), and if position(s) held):

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

Sports Activity (Name sport, year(s), award(s): \_\_\_\_\_

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

EXTRACURRICULAR (Non-School related)

Membership in organizations (Scouts, 4-H, etc., year(s), position held(s): \_\_\_\_\_

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

Employment (Name of employer(s), position(s) held, period of employment): \_\_\_\_\_

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

FINANCIAL AID

Have you been granted financial aid? \_\_\_\_\_

Monetary details of the following:

- 1) Other scholarship(s): \_\_\_\_\_
- 2) Pell Grant: \_\_\_\_\_
- 3) Federal or State Loan: \_\_\_\_\_
- 4) Campus employment: \_\_\_\_\_
- 5) Other Grant: \_\_\_\_\_

Have you reason to expect financial aid from any other source? \_\_\_\_\_

If so, give details: \_\_\_\_\_

Any additional data to show financial need: \_\_\_\_\_

Please use extra pages if necessary to provide additional information. Please include your name on these pages.

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