



SONS OF THE AMERICAN LEGION SQUADRON 24  
SCHOLARSHIP APPLICATION, \$500.00 Scholarship  
735 Henry Street  
Lake Geneva, WI

Applicants can be male or female. This scholarship can be used for a two year or four year school. You must maintain a "C" average. Scholarship will be awarded after first semester when transcript is given to the Finance Officer of the Squadron. A check will be sent to the Finance Office of the college.

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Telephone \_\_\_\_\_

Mailing address \_\_\_\_\_ Zip \_\_\_\_\_

Number in class \_\_\_\_\_ Class rank \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Do you live with your parents? \_\_\_\_\_ if not, explain \_\_\_\_\_

Number of dependent children in family (include self) \_\_\_\_\_

Number of dependent children in college \_\_\_\_\_

Estimate education cost per year \$ \_\_\_\_\_

Estimate family contribution per year \$ \_\_\_\_\_

Father/Stepfather name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_

Mother/Stepmother name \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Occupation \_\_\_\_\_

Father's adjusted gross income \$ \_\_\_\_\_ (from federal tax return)

Mother's adjusted gross income \$ \_\_\_\_\_ (from federal tax return)

Preference will be given to a descendent of a Veteran who is currently serving or honorably discharged. (provide a copy of DD214, call Veterans Services at 741-4222)

Military branch served in: \_\_\_\_\_

Name of school you plan to attend \_\_\_\_\_

Have you been accepted \_\_\_\_\_ Course of study \_\_\_\_\_.

Have you done any volunteer work for the Sons of the American Legion? State what you have done: \_\_\_\_\_

**On reverse side LIST student activities, community involvements, offices held, awards received.**

I declare the information given in this application is correct.

Applicant's signature \_\_\_\_\_