



The Scholarship Committee
AMERICAN LEGION POST 178
MILLERTON, NEW YORK 12546

Scholarship Fund Application

Deadline for all Applications is April 1st of their graduation year
Please write legibly!

Name: _____ SSN: ____ - ____ - ____ Date of Birth: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

High School Attended: _____ Year Graduated: _____

Grade Point Average: _____ Class Rank: _____ out of _____

Sports: _____

Employment to Date: _____

Extracurricular Activities: _____

College to be attended: _____

College Major: _____

Goals and Ambition: _____

Parents

Fathers Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Military Service: _____ Branch: _____ Years: _____

Mothers Name: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Military Service: _____ Branch: _____ Years: _____

Immediate Family Post Member(s): *(Grandparent(s), Aunt(s) Uncle(s))* _____

Association with Post 178: _____ Post Office Held: _____

Other Veterans Organizations: _____ No. of Years: _____

Attach on a separate sheet a typed one page essay on 'Why you feel you should be considered for this Scholarship'.

Return to: American Legion Post 178
P.O. Box 22 RT 44
Millerton NY 12546