



**THE AMERICAN LEGION  
LEGACY SCHOLARSHIP APPLICATION  
2010**



**ELIGIBILITY:** Child/children or legally adopted child/children or a child of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty personnel of the United States military and National Guard, and military reservists who were federalized and die on active duty on or after September 11, 2001. Must be a high school senior or high school graduate to apply for the scholarship. **Directions for completing this application: Please type, complete on-line at [www.legion.org](http://www.legion.org) or write legibly.** Do not attach any documents or additional pages to this application, except as required, all other documentation or added pages will be discarded.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am the child or stepchild of (veteran's name) \_\_\_\_\_  
who died while on active duty.

**Academic Record**

**If you are enrolled in an institution of higher education, attach a copy of your most recent grade report or if you are enrolled in high school, this section is to be completed by a high school official.**

High school enrollment \_\_\_\_\_ Number of students in applicant's class \_\_\_\_\_

Cumulative Grade Point Average (GPA) \_\_\_\_\_ GPA scale is \_\_\_\_\_ (i.e. 4 point, 6 point, 12 point, etc.)

Class Rank \_\_\_\_\_ High School Graduation Date \_\_\_\_\_ Are you home schooled?  No

SAT Scores Math \_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_ Total \_\_\_\_\_ and/or ACT Score \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_ Type/print name and title  
Affix school stamp or seal

**For Official Use Only**

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT/ACT Score \_\_\_\_\_

Total \_\_\_\_\_ EFC \_\_\_\_\_

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FINANCIAL INFORMATION:

Expected Family Contribution (EFC): After submitting your “Free Application for Federal Student Aid” (FAFSA) you will receive a Student Aid Report. The Student Aid Report (SAR) will list your Expected Family Contribution. Or to find EFC go on-line at: [www.finaid.org](http://www.finaid.org) “click” on Calculators and use “Federal Methodology.”

What is your EFC? \$ \_\_\_\_\_

Estimated cost of one year of college:

Tuition: \$

Room & Board: \$

Textbooks: \$

Fees: \$

Supplies: \$

Equipment: \$

**TOTAL:** \$

Father’s name, if living, and occupation:

Mother’s name, if living, and occupation:

List brothers and/or sisters and their ages.

NAME AGE

Does anyone, living in your home, require constant medical care? Yes  No  If yes how many?

Briefly describe constant medical care needed.

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Do you have a part time job? If yes, describe.

Briefly, describe your school and community activities.

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What major do you plan on pursuing when you enter college? Why?

What college or university do you want to attend? Why?

Describe activities that would provide examples of your leadership skills/ability.

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**CERTIFICATION**

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to The American Legion to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the National Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to The American Legion for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legion Legacy Scholarship.

Date \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

If my child is selected as a scholarship winner and in consideration thereof, we understand, agree and hereby grant permission to The American Legion to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the National Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to The American Legion for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legion Legacy Scholarship.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

***Attach to this application a PHOTOCOPY of the deceased veteran's Certificate of Death (DD 1300). Mail completed application postmarked not later than April 15, 2010 to: The American Legion, Attn. American Legion Legacy Scholarship, PO Box 1055, Indianapolis, IN 46206.***

**The Rules and Conditions under which the scholarships are awarded and the program administered shall be:**

1. Those eligible to apply for the scholarship shall be the child/children or legally adopted child/children or a child of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty personnel of the United States military and National Guard, and military reservists who were federalized and die on active duty on or after September 11, 2001.
2. Must be a high school senior or high school graduate to apply for the scholarship.
3. The American Legion American Legacy Scholarship is for undergraduate study at an accredited institution of higher education within the United States, except where the recipient is from a possession of the United States, in which case he/she can select a university or college in that possession or in the United States. The recipient must be accepted or enrolled as a full-time student to receive his/her scholarship funds. The number and amount of the scholarship awards will be determined by the income derived from The American Legion September 11 Memorial Scholarship Trust.
4. The scholarship funds may only be used to defray necessary costs of the student's education (i.e. tuition, room & board, books & supplies, fees and equipment required by the student's particular course of study or school).
5. The scholarship recipient may reapply for the scholarship annually. The amount of the fund request cannot exceed the cost of education. Students may make only one (1) request for funds per semester or quarter.
6. Scholarship checks will be issued upon receipt of a "Request for Funds" form. It is the normal and customary procedure that the scholarship check will be a two-party check made payable to the student and school.