

AMERICAN LEGION SCHOLARSHIP

Technician Post 376

Shelbina, MO 63468

FULL NAME _____

ADDRESS _____

AGE _____

PARENTS/GUARDIANS _____

MOTHER'S OCCUPATION _____

FATHER'S OCCUPATION _____

NUMBER OF CHILDREN IN FAMILY

A. Under 18 years of age _____

B. Over 18 years of age _____

HIGH SCHOOL GRADE POINT AFTER 7 SEMESTERS _____

CLASS RANK _____

CLASS SIZE _____

EXTRACURRICULAR ACTIVITIES, CLUBS, AND ORGANIZATIONS YOU HAVE PARTICIPATED IN (include both in school and in the community)

LIST HONORS AND AWARDS YOU HAVE RECEIVED

PROFESSIONAL PLANS (write a short statement)

COLLEGE OR SCHOOL CHOSEN TO ATTEND

LIST NAMES AND ADDRESSES OF THREE REFERENCES (other than relatives)

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

Have you received any scholarships to date?
If so, please list them.

Your application must be returned to the guidance office by the end of March.