



Scholarship Application

*Utica Post 229 uses the same form as the
Oneida County American Legion Scholarship Application*

ONEIDA COUNTY AMERICAN LEGION

SCHOLARSHIP AWARD

A Scholarship award will be offered to a deserving graduating high school senior who exemplifies good citizenship. The student must plan to pursue an eligible vocational technical course above high school or preparatory school level or attend a two or four year college resulting in an associate or baccalaureate degree.

Criteria For Eligibility:

1. The applicant must be a descendent of a member of the ONEIDA COUNTY AMERICAN LEGION, ONEIDA COUNTY AMERICAN LEGION AUXILIARY, or ONEIDA COUNTY SONS OF THE AMERICAN LEGION, in good standing. (Page 7)
2. Applicant must submit with this application an official high school transcript of the students grades from the beginning of the 9th grade to the date of this application. The transcript may be photocopies. (Page 5)
3. CEEB, SAT, and ACT test scores or related equivalent must be included, and may be photocopies. (Page 5)
4. The applicant shall prepare a one page essay summarizing his / her vocational or professional goals. (Page 5)
5. The Parent / Guardian shall prepare a financial status statement provided with this folder. (Page 4)
6. A current dated, signed, one page letter of recommendation from the applicant's High School Principal, covering the applicants ability, work habits, leadership personality, integrity, and citizenship. (Page 5)
7. A letter of endorsement from a responsible community leader (Non-School) covering the applicants service to the community through leadership and citizenship. (Page 5)
8. The applicant must present a letter of acceptance from the school he / she is planning to attend. (Page 5)
9. The student must demonstrate the following characteristics:
 - A. Respect for other people's religion, race, and nationality.
 - B. Shows respect for adults in the school and community.
 - C. Shows respect for other students.
 - D. Demonstrates respect for public and personal property
 - E. Demonstrates courtesy and good manners in the school and community.
 - F. Demonstrates reliability in completing school and academic requirements.
 - G. Contributes in a positive manner in school's academic or co-curricular activities.
 - H. Has gained respect of the students and staff.
10. Applicant must be a citizen of the United States.

Mechanics:

1. Scholarship, citizenship, leadership and financial need are the criteria by which the applicant will be judged.
2. Student applications must be filed no later than May 1 of the year the student is graduating from high school.
3. Each AMERICAN LEGION POST will review their own applicants essay and application, picking one to be forwarded to the ONEIDA COUNTY AMERICAN LEGION Scholarship Committee for consideration. The ONEIDA COUNTY AMERICAN LEGION Scholarship Committee shall review the one essay and application for each post. All finalist shall be interviewed by the committee and the final selections shall be made.
4. Five scholarships in the amount of \$500.00, \$500.00, \$500.00, \$250.00, and \$250.00, shall be awarded. The announcement shall be made before high school graduation with the selected candidates being presented with a certificate at the ONEIDA COUNTY AMERICAN LEGION Convention held during the month of June.
5. The actual award checks will be made upon the committee being presented a transcript showing first semester grades and attendance.



Scholarship Application Form

Utica Post 229 offers two \$1,000 scholarships to seniors or recent graduates heading to college.

APPLICATION FOR ONEIDA COUNTY AMERICAN LEGION SCHOLARSHIP

ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

FAMILY INFORMATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Father / Guardian Occupation: _____ Employer: _____

Mother / Guardian Occupation: _____ Employer: _____

FINANCIAL DECLARATION:

1 - Parents combined IRS adjusted gross of previous year income.
From form 1040 line 31 or form 1040A line 11.

\$ _____

2 - Total size of parents household. _____

First name and age of all individuals residing at above address:

| Name | Age | Employer |
|-------|-------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3 - How many will be in college during next year? _____

Signature of Father / Guardian

Date

Signature of Mother / Guardian

Date

Signature of Applicant

Date

APPLICATION FOR ONEIDA COUNTY AMERICAN LEGION SCHOLARSHIP

* STUDENT APPLICANT INFORMATION

(LAST NAME) (FIRST NAME) (M.I.)

(MAILING ADDRESS) (CITY) (STATE) (ZIP)

()
(PHONE) (DATE OF BIRTH) (MALE) (FEMALE)

(HIGH SCHOOL NAME & LOCATION)

(GRADUATION DATE) (TYPE OF DIPLOMA)

HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES / HONORS:

WORK / VOLUNTEER ACTIVITIES:

COMMUNITY ACTIVITIES:

OTHER INTERESTS AND / OR HOBBIES:

WHY DO YOU MAKE THIS REQUEST FOR A SCHOLARSHIP?

APPLICATION FOR ONEIDA COUNTY AMERICAN LEGION SCHOLARSHIP

NAME OF APPLICANT: _____

| <u>HIGHER EDUCATION INFORMATION</u> | <u>* STUDENT APPLICANT INFORMATION</u> |
|--|--|
| SCHOOLS YOU HAVE APPLIED TO: | |
| 1ST CHOICE _____ (NAME & LOCATION) | |
| 2ND CHOICE _____ (NAME & LOCATION) | |
| _____ (EXPECTED ENTRY DATE) | _____ (EXPECTED DEGREE PROGRAM) |
| _____ (EXPECTED MAJOR & MINOR COURSES OF STUDY) | |
| _____ (OTHER SCHOLARSHIPS YOU HAVE APPLIED FOR) | |
| _____ (OTHER SCHOLARSHIPS YOU HAVE RECEIVED) | |
| REFERENCES: (Please do not include Relatives) | |
| Name | Address |
| Occupation | |
| _____ | |
| _____ | |
| _____ | |

- * ATTACHMENTS
1. Letter of Recommendation from High School Principal.
 2. Letter of Recommendation from responsible community leader.
 3. Official Copy of High School Transcript.
 4. Copy of Scholastic Aptitude Test Scores.
 5. ESSAY - In a one-page essay, indicate what your life goals are; what you hope to accomplish in the next five years; and, how you expect these accomplishments to help prepare you to achieve your life goals.

STUDENT SIGNATURE

My signature implies that all Student Applicant Information and Attachments are true to my knowledge. I understand that incorrect information may disqualify me from Scholarship consideration and / or Award.

STUDENT SIGNATURE _____

DATE _____

APPLICATION FOR ONEIDA COUNTY AMERICAN LEGION SCHOLARSHIP

NAME OF APPLICANT: _____

WHAT ARE YOUR EDUCATION GOALS?

THE REASON YOU FEEL YOU SHOULD BE AWARDED THE AMERICAN LEGION SCHOLARSHIP?

WHAT DO YOU KNOW ABOUT ANY OF THE AMERICAN LEGION PROGRAMS?

OTHER COMMENTS:

POST _____

HAS VERIFIED THE ELIGIBILITY OF THE APPLICANT. HE / SHE IS ELIGIBLE THROUGH THE MEMBERSHIP
IN GOOD STANDING OF _____

RELATIONSHIP TO APPLICANT _____

SIGNED _____

TITLE _____