American Legion Auxiliary Unit 276 Scholarship Application 2021

ELIGIBILITY: High school seniors. Consideration will be given on a percentage basis if applicant is a direct descendant, i.e. child, grandchild, great grandchild or a legally adopted child, of a US veteran who served during a period of war. The scholarship may be used for undergraduate study only at an accredited Texas College, University, Junior College or Technical School.

Directions for completing this application: DO NOT attach any documents or additional pages to this application, except, as required, all other documents or added pages will be discarded.

NAME	DATE OF BIRTH	
ADDRESS		
HOME PHONE #	MY CELL PHONE #	
I am the (state relationship)		
Of Veteran's name		

Who served in the United States Armed Forces from April 6, 1917 to November 11, 1918 and any time after December 7, 1941. Check the appropriate periods.

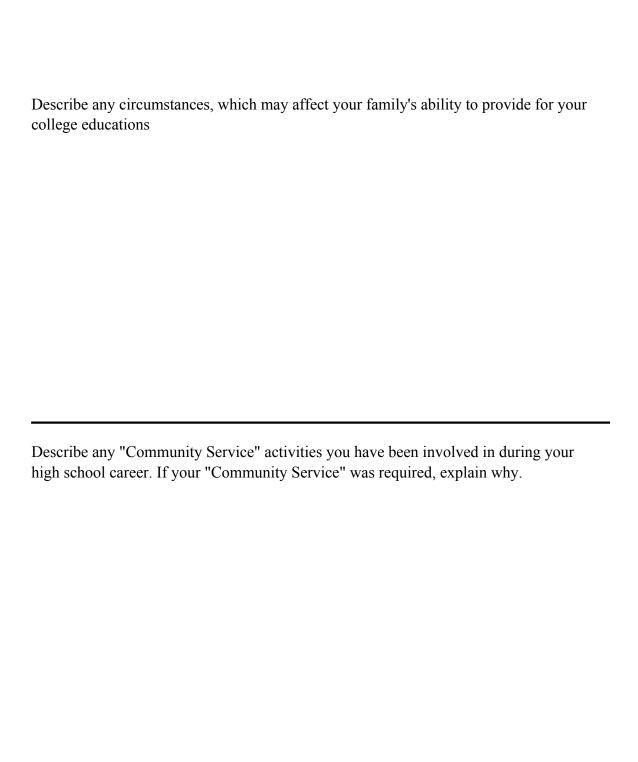
PLEASE ATTACH A PHOTOCOPY OF THE VETERAN'S

CERTIFICATE OF RELEASE OF DISCHARGE

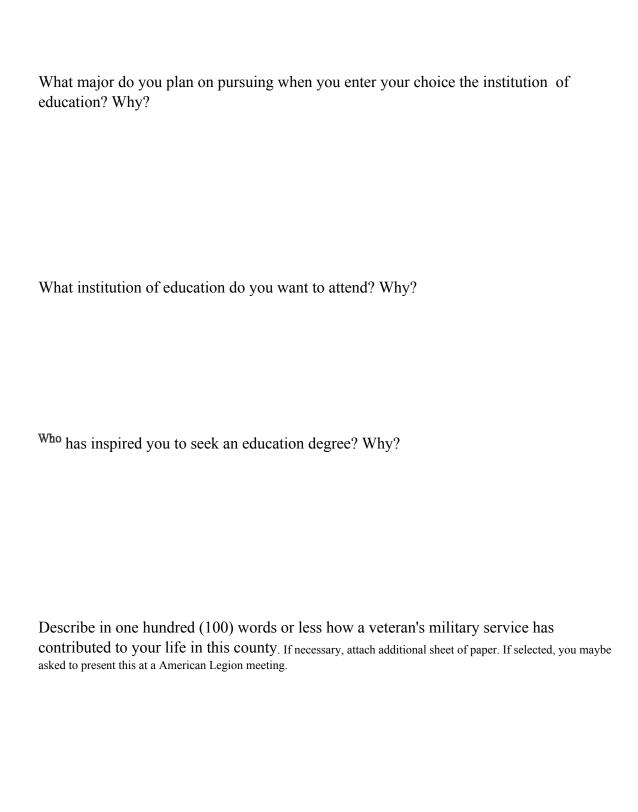
FROM ACTIVE DUTY FORM (Form DD214) or other government document showing time served on active military duty.

HIGH SCHOOL RECORD – THIS SECTION IS TO BE COMPLETED BY A HIGH SCHOOL OFFICIAL.

High school enrollment_	Num	ber of stude	ents in applicant's cla	SS
Cumulative Grade Point	Average (GPA)	Scale A=	_points
Class Rank	Rank Expected date of graduation			
SAT Score Math	_Verbal	Total	and/or ACT score	
Signature	<u> </u>	Date	Printed name/Title	
For Official Use Only				
GPA Class Rank SAT/ACT Score School and Community Activities				
Honors and Awards				
Descendant or military a	ffiliation_			
Total				



Father's Name		Occupation
Mother's Name		_Occupation
List brothers and/or sisters and ages:		
Name	Age	
Do you have a part time job? If ye	es, describe:	
What do you see yourself doing te	en (10) years from to	oday?



Indicate the number of years you h	ave participated in a school	I and,/or community	activity durin	g your high scho	0
years in placing the number in the	olank:				

Academic Team	Color Guard	_Habitat 1	for Humanity	School l	Newspaper
Adopt a Highway	Cross Country	HOBY	Leadership Conf _	Science	Club
American Legion Auxiliary	DARE	Horizo	n Club	Socce	er
American Red Cross Vol	_ Debate	Hospit	al Vol.	Sons of	American Legion
Baseball/Softball	Drill Team _	Inter	act	Spar	nish Club
Basketball	Football	Key	Club	Sp	ecial Olympics
Beta Club	4-H Club		Latin Club	-	Student Council
Big Brothers/Sisters	French Cl	ub	_ Leo Club		Swimming/Diving
Boy Scouts/Order of the Arrow	FFA		_Letterman's Club	-	_TEEN Court
Boy Scouts\Explorer	FHA		Math Club		_Tennis
Boy Scouts/Eagle Award	German	Club	Natl Honor Socie	ty	_Theater
Boys State	Girl Sco	out	Nursing Home V	/ol	_Track
Business Club	Girl Sco	out Gold_	Peer Leader	-	Volleyball
Cheerleader	Girl Stat	e	Pride		Volunteer Coach
Churcb Choir	Golf		Prom Commit	tee	Wrestling
Church Youth Group	Gymnas	tics	SADD		Yearbook Staff
Class Officer	Other		Other		Other
Other	Other		Other		Other
Band	Other		Other		Other

List any offices held, honors and./or awards you have received in the above activities:

CERTIFICATION

to The American Legion Auxi program. I understand and agr selection of the scholarship we attached the veteran's verifical information concerning my en Auxiliary for use in administe	iliary to use my likeness ree that the American Lo inners and its decision it tion document. I grant parollment status, academ ring my scholarship aw e best of my knowledge	eration there of, I understand, agree and here and name in announcing and promoting the egion Auxiliary Selection Committee is soles final. I have completed the scholarship appermission to the school of higher education and its standing and financial need to The Americand. In submitting this application, I certify I understand and agree that, falsification of ship.	is scholarship ely responsible for the plication and have I attend to release rican Legion that the information
Student's Signature		Date	
permission to The American I scholarship program. We undo responsible for the selection of scholarship application and has higher education our child attend financial need to The Amethis application, I certify that the	Legion Auxiliary to use erstand and agree that the fighter that the scholarship winner as attached the veteran's ends to release informaterican Legion Auxiliary the information is comp	consideration there of, I understand, agree a our child's likeness and name in announcing the American Legion Auxiliary Selection Cors and its decision is final. Our child has converification document. We grant permission ion concerning our child's enrollment status for use in administering my scholarship avilete and accurate to the best of my knowled ermination of the American Legion Scholars	g and promoting this ommittee is solely impleted the in to the school of is, academic standing ward. In submitting ige. I understand and
Mother's Signature	Date	Father's Signature	Date

Note: 1. If a legal guardian signs this certification, all personal pronouns shall be deemed to be read as if Singular and not plural and 2. a copy of the appointment of the legal guardian signing must be attached.

REQUIREMENT:

Submit completed application to your High School Counselor as directed by March 30, 2020. Scholarship recipient will be required to work ten (10) hours community service at the American Legion York Post 276, Giddings. Auxiliary member will contact you and verify the hours. Upon completion of the required ten hours of community service, the scholarship money will be sent to the institute of education.