



**Robinson American Legion
Hedrick Moll Post 148**

This is a one time, \$300 scholarship.

Priority will be given to:

Robinson Community Student

Family Member(s) who have served in the Military. Parent, Brother, Sister, Aunt, Uncle, Grandparent, etc.

Applicant's Name: _____ Date: _____

Address:

Parent(s): _____ Phone: _____

Class Rank: _____ # in Class: _____ GPA (7 semesters): _____

List Scholastic Honors you have received:

List your activities in and out of school:

List positions of leadership in school:

Last paid employment you have had (include employer and nature of work):

College or school you plan to attend:

College major or area of training:

RETURN APPLICATION TO STUDENT SERVICES OFFICE BY APRIL 1 AT 4:00 PM



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Please provide name, relationship, branch of service and approximate years of service of military family member(s).

Additional Comments

I hereby confirm that all information provided on this application is correct, and I understand that any false information automatically disqualifies me from eligibility.

Signature

Date