

Green Mountain Post No. 1



THE AMERICAN LEGION

100 PARAH DRIVE

ST. ALBANS, VT 05478-2602

This application will enroll you in both; the Simon Godfrey Scholarship and the Matthew W. Brigham Scholarship.

The same requirements apply for both:

The person that is awarded the Simon Godfrey or Matthew W. Brigham Scholarship must after the first semester send a copy of your grades to

American Legion Green Mountain Post 1

100 Parah Drive

St. Albans, VT 05478

Attn: Simon Godfrey OR Matthew W. Brigham Scholarship Committee

The checks will be made out to the school the recipient will be attending after the first semester grades have been submitted to Bill Bronson for the Simon Godfrey Scholarship and Tom Bronson for the Matthew W. Brigham Scholarship.

All applications must be postmarked by 15 April

MAIL APPLICATIONS TO:

American Legion Green Mountain Post 1

100 Parah Drive

St. Albans, VT 05478

Attn: Simon Godfrey and Matthew W. Brigham Scholarship Committee

Please keep this page for your reference.

**AMERICAN LEGION GREEN MOUNTAIN POST 1 SCHOLARSHIP APPLICATION
SIMON GODFREY SCHOLARSHIP**

(Must be child or grandchild or great-grand child of a veteran)

PLEASE NOTE: ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

LAST NAME FIRST MIDDLE DATE OF BIRTH DATE/GRADUATION

Permanent Home Address Street Town/City State Zip

Telephone Number: _____

Please list all offices/activities in which you have participated:

What college do you plan to attend? _____ Accepted? _____

Please write a statement on why you want to continue your education: _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Veterans Name _____ Dates of service _____

Are your parent's separated? Yes _____ No _____

How many family members will be attending college next September? _____

Number of family members supported by your parents: _____

FINANCIAL INFORMATION

What was your parent's taxable income from last year's federal income tax form? _____

Estimated Assets Budget

Assistance from Parents	\$ _____
Scholarship & Grants	\$ _____
Summer Income	\$ _____
Other Sources of Income	\$ _____
TOTAL EST. INCOME	\$ _____

Estimated Expenses

Tuition	\$ _____
Room	\$ _____
Board	\$ _____
Other Expenses	\$ _____
TOTAL EST. EXP	\$ _____

Student Signature

Parent/Guardian Signature

THIS SECTION TO BE COMPLETED BY HIGH SCHOOL

Are there any unusual circumstances or family conditions which you feel should be brought to the attention of the Scholarship Committee? A letter of recommendation previously written may be copied or attached to this application.

Please ATTACH A TRANSCRIPT of the applicant's high school record for 3 yrs. + first Semester/trimester of senior year and COLLEGE ENTERANCE EXAMINATION SCORES.

Guidance Counselor

Date

The Scholarship will be made out to school that you are attending after the first semester.