



The American Legion
Colonial Heights Post No. 284
John G Woyansky, Scholarship Chair
3824 Dunoon Road
Colonial Heights, Virginia 23834

SY 2026-2027 SCHOLARSHIP APPLICATION as of 15 NOV 2025

This information on this application will be used by the Colonial Heights American Legion Post 284 Scholarship Committee only and will be held in strict confidence. The Committee can consider no applicant until this form is completed in its entirety. **Print neatly/use additional sheets as necessary, or use PDF!**

PERSONAL INFORMATION

Name of Applicant: _____ Age: _____ Gender: _____
First, Middle Initial, Last Name

Home Address: _____
Street Address City Sate Zip Code

Home Telephone Number: () _____ Date of Birth: _____
MM/DD/YYYY

E-mail Address: _____

Are you married? Yes _____ No _____ If Yes, name of spouse: _____

Do you have any legal dependents other than a spouse? Yes _____ No _____
If yes, list name(s) and age(s): _____

Are you (or spouse if applicable) employed while going to school? Yes _____ No _____
If Yes, name(s) of employer: _____ Annual Income: _____

Are you claimed as a dependent on your parent(s) or others tax return? Yes _____ No _____

Have you ever been charged with a misdemeanor or felony? Yes _____ No _____
If so, please provide separate explanation of charge(s) and case disposition

SPONSOR INFORMATION

Post 284 Sponsor: _____
Name of eligible family member of Post 284

Sponsor Relationship to Applicant: _____

FAMILY INFORMATION

Marital Status of Parents: () Married () Divorced () Separated () Widowed
Father's Name: _____ Occupation: _____
Address (If different from Applicant) _____
Home Phone: _____ Place of Employment: _____
Does/will your father support your educational costs: Yes _____ No _____

Mother's Name: _____ Occupation: _____
Address (If different from Applicant) _____
Home Phone: _____ Place of Employment: _____
Does/will your mother support your educational costs: Yes _____ No _____

List names and ages of brothers/sisters living at home: _____

List names and ages of brothers/sisters that are attending or will attend college next school year: _____

Parent's Adjusted Gross Income: (Check only if you are listed as a dependent on their return/they contribute to educational costs)

_____ Under \$29,999	_____ \$30,000 - \$39,999	_____ \$40,000 - \$49,999
_____ \$50,000 - \$59,999	_____ \$60,000 - \$69,999	_____ \$70,000 - \$79,999
_____ \$80,000 - \$89,999	_____ \$90,000 - \$99,999	_____ \$100,000 - \$109,999
_____ \$110,000 - \$139,999	_____ Over \$140,000	

This information above is true and correct to the best of my knowledge and I understand that the information given will be held in strictest confidence and that the information will only be used by the scholarship committee to determine scholarship eligibility and financial need.

Signature of Parent

Date: _____

EDUCATION

Name of your high school: _____ Graduation date: (Mo/Yr): ____ / ____

Name and address of the institution that you plan to attend or are now attending: _____

State your college area of study (Examples Registered Nurse, Civil Engineering, Education, etc.): _____

Do you plan to reside at school (dorm or apartment) or will your commute from home?

Reside at school: _____ Commute from home: _____

List any other scholarships you have received/expecting and the amounts: _____

Have you applied for or received financial aid or loans to pay for the cost of your college education?

Yes _____ No _____

MILITARY SERVICE

Have you attended/enrolled in a high school or college/university ROTC program? Yes _____ No _____

If Yes, state the names of the program(s), school(s), and year(s). _____

Have you served in any capacity in the Armed Forces of the United States? Yes _____ No _____

On active duty now? Yes____ No____ Veteran Yes____ No____
 Reserves/National Guard? Yes____ No____ Serve on active duty with Reserve/Guard? Yes____ No____

If Yes to any of the above (Please use additional sheets if you need more room):

Branch of Service(s): _____
 Current rank/Highest Rank Held: _____
 Periods of Service: _____ Character of Discharge: _____

List awards and decorations: _____

Are you a member of the Sons of the American Legion? Yes: _____ Detachment: _____ No: _____
 Are you a member of the American Legion Auxiliary? Yes: _____ Unit: _____ No: _____
 Are you a member of the American Legion? Yes: _____ Post: _____ Member # _____ No: _____

SCHOOL ACTIVITIES (Attach separate sheet if more room required)

School Activities (List clubs, organizations, and activities you participated in and leadership positions that you held (i.e., President, Treasurer, Secretary, etc.). Indicate the school year for each activity:

School Year	School Activity	Leadership Position

Awards and Recognitions (List all awards and recognitions you received. Indicate the school year for each item. (i.e., Deans List, Honor Roll, Sports Letters, Boys/Girls State, competition awards, etc.)

School Year	Award or Recognition

Community and/or Charitable involvement: (Please be specific for each involvement, i.e., name of organization, hours involved, and activities you performed).

Year(s)	Organization	Hours Involved	Activities performed

I give permission to release my records when needed for scholarship competition and affirm that all information in this application is truthful & accurate to the best of my knowledge.

Student Signature

Date: _____