

Walcott American Legion Post 548

2026 Scholarship Application Form

Applicant's Name:					
Last	First	Middle			
Address:					
Street	City	County	State	Zip	
Date of Birth (MM/DD/YYYY):		Teleph	Telephone:		
Name of Parents or Guardians:		Email:	Email:		
(If applicant is under	21)				
Name of School Pres	ently Attending:				
Date of Graduation f	rom High School:				
Special Recognitions (Honors, Awards, Scholarships):					
Current Employer (If	Applicable):				
Name	Fı	ull/Part Time	Number of Years		

List the activities you participated in during your high school years and since graduating (if applicable). Include jobs and organized out-of-school activities (scouting, 4H, church, etc.) as well as those connected with school (class officer, athletics, publications, clubs, music, etc.). Indicate the year or years you participated in each activity. (Include on separate page).

What Junior College, University	Vocational or Trade School	do you wish to enroll?
1		
2		
3		
What is your planned major or o	career?	
How did you hear about this sch	olarship?	
Poster Counselor	Word of Mouth	Other
Signature of App	Date	

SEND APPLICATION ALONG WITH THE FOLLOWING:

- 1. A transcript of your grades 9-11 ½ verified by a counselor or administrator. Include college transcripts if applicable.
- 2. Two letters of recommendation from teachers or employers.
- 3. An essay of 500 words, stating the goals of your continuing education, how you plan to finance your education, and how your prospective career can help you become a more stable and productive member of society.
- 4. A list of your volunteer community service activities. For example: working at a food pantry, helping disabled vets with yard work, etc.

SEND ALL MATERIALS WITH APPLICATION BY POSTAL MAIL OR HAND DELIVERY **RECEIVED**OR POSTMARKED BY April 1, 2026 TO:

ATTN: Scholarship Committee
Walcott American Legion Post 548
P.O. Box 685
Walcott, IA 52773

OR EMAIL TO: Ampost_548@yahoo.com