



**THE AMERICAN LEGION
DEPARTMENT OF COLORADO**

Ehrier-Finkbinder Post No. 82

Elbert - Elizabeth



Please note that the information requested below is necessary and must fully be completed. The awarding of scholarship is heavily based upon the financial need of each potential recipient. We encourage you to elaborate on yourself as a candidate for a named and endowed scholarship award from the American Legion Post 82, Elizabeth, CO.

Your application will be strictly confidential. Incomplete applications will not be accepted. All requested information is subject to verification.

You must maintain at least a 3.0 GPA in high school to qualify for scholarship. Upon awarding of the scholarship you must complete at least 12 units a semester and maintain at least a 3.0 GPA for continuance of scholarship. This scholarship is awarded for maximum of 4 years per student.

Name _____

Phone _____

Permanent

Address _____

City _____ State _____

Zip _____

() Male () Female Date of Birth _____

College/University/Trade

School _____

Course of

Interest _____

Expected Graduation Date _____ (not high school)

*Mother _____ Occupation _____

Employer _____

*Father _____ Occupation _____

Employer _____

Name and ages of other family members in household (if applicable) _____

*LEGAL GUARDIN

High School

GPA

Date of Graduation

List your extra curricular , volunteer and community activities:

*Name of organization

Dates

Office Held

Award

*Please list all abilities and hobbies; including, but not limited to, language proficiency and computer skills:

In addition to the previous questions, please attach a paragraph stating why acquiring the scholarship would help you succeed in achieving your academic and professional goals

I hereby certify that the information given above is accurate to the best of my knowledge. I hereby authorize the American Legion, Post 82, Elizabeth, CO, to verify my academic record and financial need.

Signature _____ Date _____

Print Name _____

Application are due 02-25-2020 for the academic year 2019/2020 Remit application to your school counselor.

*If needed use attached sheet or the back of this sheet