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. 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.



Name

# Phone

Permanent Address

City State



# Zip

# \*Optional ( ) Male ( ) Female Date of Birth

College/University/Trade

School

Course of Interest

Expected Graduation Date(not high school)

\*Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 April 16th for the academic year. Remit application to your school counselor or to Information@aml82.org. If under 18 legal Guardian or parent signature required.

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

Point of Contact at the American Legion. Wayne Sanderson Sanderson.Wayne@hotmail.com (320) 510-5554.