

CARMEL AMERICAN LEGION POST #155  
SCHOLARSHIP PROGRAM FACT SHEET

**PURPOSE:** To award one-time post-secondary scholarships to qualifying high school seniors.

**TYPES:**

1. Legion Affiliation as progeny / direct descendant, i.e. child, grandchild, great grandchild, etc. or a legally adopted child of Carmel American Legion Post #155 Members, Auxiliary, Sons of the American Legion or American Legion Riders who are in good standing.
2. Carmel High School Students.

**ELIGIBILITY / QUALIFICATIONS:**

1. Students must be Carmel High School unless applying for Legion Affiliation and/ or as progeny of Post #155 member living outside of Hamilton County.
2. Student must be a senior in high school, or meet senior level academic requirements, and not have matriculated to post-secondary education in an accredited institution, technical or trade school. Students who have enrolled in post-secondary coursework prior to completion of high school graduation requirements are eligible to apply.
3. Students must complete enrollment in an accredited post- secondary institution, technical or trade school.
4. Students must meet academic requirements of 2.5 pt. Grade Point Average (GPA) out of a possible 4.0 pt. GPA scale, or its equivalent at his or her current high school.
5. Students must furnish written recommendations from an academic faculty member at his or her high school or from a community service organization supervisor or employment supervisor.
6. Students must have submitted a complete application, with all required attachments and supporting documents by the required application date.
7. Proof of participation in American Legion sponsored activities must accompany your application.
8. Awards will be forwarded to the proper office of the student's post-secondary institution, technical or trade school for payment of, or application toward tuition.

Applicant Name: \_\_\_\_\_



**CARMEL AMERICAN LEGION POST #155  
2023 SCHOLARSHIP APPLICATION**

**NAME**      Last                                      First                                      Middle

**ADDRESS**      Street                                      City                                      State                                      Zip

**TELEPHONE** (daytime)                                      (evening)                                      E-MAIL ADDRESS

**NOTE:** To be considered, this application and all required attachments must be postmarked no later than MAY 15, 2023.

**MAIL TO:**      Scholarship Committee  
Carmel American Legion Post #155  
852 West Main Street  
Carmel, Indiana 46032-1430

**PERSONAL INFORMATION:**

Date of Birth \_\_\_\_\_

**EDUCATION:**

High School \_\_\_\_\_ City \_\_\_\_\_

Graduation Date \_\_\_\_\_ Major Courses Taken \_\_\_\_\_

**EDUCATION / CAREER OBJECTIVES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Name: \_\_\_\_\_

**ACADEMIC ACHIEVEMENT:** (much of this information is normally included on your transcript which must accompany your application)

**RECOGNITION AND AWARDS:** List award, date received and awarding organization. Use extra sheets if necessary.

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**SERVICE, CITIZENSHIP AND LEADERSHIP:** List activities and positions, in which you participated, that demonstrate a service to your school and / or community. Be sure to mention successes for which you can take credit.

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**HOBBIES:** \_\_\_\_\_

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**WORK EXPERIENCE:** \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

**REFERENCES:** List people from your school, community or work who have knowledge of your qualifications and achievements.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**LEGION AFFILIATE:** Please provide the name, address and relationship to Post #155 or other American Legion Post and the Post location and number, and the type of affiliation (Regular member, Auxiliary member, sons of the American Legion member or American Legion Rider's member.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Legion Post location and number \_\_\_\_\_

Member Type (circle one): Regular Auxiliary SAL ALR

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

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**CERTIFICATION**

If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant permission to American Legion Post #155 to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the American Legion Post #155 Selection Committee is solely responsible for the selection of the scholarship recipients and its decision is final. I have completed this application and have attached the required documents. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the American Legion Post #155 Scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's / Guardian's Signature

\_\_\_\_\_  
Date

**REQUIRED ATTACHMENTS:**

Applicant Name: \_\_\_\_\_

1. Current High School Transcript.
2. Letter(s) of Recommendation from a faculty member and/or community service supervisor, or
3. employment supervisor .
4. Proof of Boys or Girls State participation, if applicable.
5. Proof of participation in other American Legion activities.