APPLICATION FOR THE AMERICAN LEGION SCHNEIDER-EMANUEL SCHOLARSHIP

PERSONAL INFORMATION

Name: _____ _____ _____
Last *First* *Middle Initial*

Address: _____
Street

_____ _____ _____
City *State* *Zip Code*

Phone Number: _____ Birth Date: _____
Month/Day/Year

Applicant email address: _____

Number of children in family:_____ Number in college (include yourself): _____

Your rank in the family (don't include parents): _____

Name of Parent/Guardian: _____

Address: _____
Street

_____ _____ _____
City *State* *Zip Code*

ELIGIBILITY-AVAILABLE TO WISCONSIN STUDENTS ONLY

Living relative through whom you qualify for this scholarship. Check the box(es) that apply

LEGIONNAIRE	AUXILIARY	SONS OF THE AMERICAN LEGION
Self	Self	Self
Father	Mother	Father
Mother	Grandmother	Grandfather
Grandfather		
Grandmother		

Person through whom you qualify for this scholarship (continued)

Relative's Name: _____ _____ _____
Last *First* *Middle Initial*

Address: _____
Street

_____ _____ _____
City *State* *Zip Code*

Legionnaire Membership No: _____ Post City: _____

Auxiliary Membership No: _____ Unit City: _____

Sons of The American Legion Membership No: _____ Squadron City: _____

My _____ served honorably during the following war era.

Dec. 7, 1941 to today (Gulf War / War On Terrorism)

Provide a brief statement of their service: _____

_____

_____

_____

_____

_____

PARTICIPATION IN LEGION ACTIVITIES

You must have participated in one or more of the following American Legion sponsored activities. Complete all that apply to you. Check all that apply.

I attended a complete session of Badger Boys State

Year Attended: _____ High School: _____

I attended a complete session of Badger Girls State

Year Attended: _____ High School: _____

I competed in The American Legion High School Oratorical Scholarship Program

High School: _____

Year(s) Participated: _____ Represented Post/County/District No: _____

Title of My Oration: _____

I took the Americanism and Government Scholarship Test

Year(s) Participated: _____ High School: _____

I participated in the County Youth Government Day Program

Date of Participation: _____ County: _____

I have participated in an American Legion sponsored band and/or Drum and Bugle Corps

Dates: _____ - _____

(from) *(to)*

I have played on an American Legion Baseball team

Team Name: _____

Dates: _____ - _____ Post No: _____

(from) *(to)*

I have belonged to an American Legion sponsored Boy Scout troop

Troop Number: _____ Dates: _____ - _____

(from) *(to)*

Name and Number of American Legion Post: _____

EDUCATION BACKGROUND

Schools Attended (If you attended all four years at the same school, enter only grade 12)

Grade	School Name	City	Year Attended
12			
11			
10			
9			

Date of High School Graduation: _____ Name of High School: _____

Number in graduating class: _____ Rank in class: _____ ACT Score: _____

ATTENDANCE

Were you absent more than ten (10) times per year during the past two years? **YES** **NO**

If you answered yes, explain illness or cause: _____

_____

_____

COLLEGE OR UNIVERSITY INFORMATION

Name of College: _____ Location: _____

Have you been accepted? **YES** **NO** (If no, when do you expect acceptance?) _____

If already attending college, name of college: _____

What year are you in college? Freshman Sophomore Junior Senior

What course of study do you plan to pursue? _____

APPLICANT'S STATEMENT – Please state below your education objectives and career goals, and the value and contribution The American Legion Schneider-Emanuel Scholarship would make toward the realization of that goal.

_____

_____

_____

_____

_____

_____

_____

_____

EXTRA-CURRICULAR SCHOOL ACTIVITIES

Type an "x" in the boxes that apply

Activity	9th Grade	10th Grade	11th Grade	12th Grade
Art Club				
Band				
Captain's Academy				
Cheerleader				
Chorus or Choir				
Destination Imagination				
Forensics				
FFA/Leadership Development				
FBLA (Future Business Leaders of America)				
French Club				
German Club				
Key Club				
National Honor Society				
Newspaper Staff				
Scrabble Club				
Skills USA				
Spanish Club				
Student Aide				
Student Council				
Student Tutors				
Video Club				
Yearbook Staff				
Enter Sports Activity:				
Enter Sports Activity:				
Enter Sports Activity:				
Enter Sports Activity:				
Other Activity Not Listed:				

List special honors, recognitions, or awards which you have received in connection with above activities.

_____

_____

_____

List below any activities, honors, or recognition which you have received in connection with organizations other than school sponsored. (Church, Youth Groups, 4-H, Scouts)

_____

_____

_____

_____

APPLICANT'S AGREEMENT

I hereby state that I have read and understand the rules established by The American Legion, Department of Wisconsin Schneider-Emanuel Scholarship Committee, and that:

- **My qualifications meet the basic requirements for the scholarship and for college entrance.**
- **Arrangements have been made to complete this application by forwarding transcript(s), class rank, ACT score, and four rating sheets on provided forms.**
- **I intend to abide by all provisions set forth in the rules – and agree to accept as final the decisions agreed upon by The American Legion, Department of Wisconsin Schneider-Emanuel Scholarship Committee.**

_____

Signature of Applicant

_____

Signature of Parent or Guardian

_____

Date

CHECKLIST

In addition to this **completed form, be sure:**

- Your school sends a certified transcript
- Rank in Class
- ACT Score
- Cumulative, or Grades 9 through Grade 11, Grade Point Averages.
- Twelfth (12) Grade First Semester Grade Report
- Four (4) rating sheets should be submitted from four (4) individuals (no family relation) such as:
  - High School Principal, Counselor, Teacher
  - Clergy
  - Two Character References (Personal or Job Related)

MAIL TO:
The American Legion, Department of Wisconsin
Attn. Programs Coordinator
P.O. Box 388
Portage, WI 53901-0388

THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN
SCHNEIDER-EMANUEL SCHOLARSHIP
RATING SHEET

Name of applicant you are rating: _____ _____ _____
Last *First* *Middle Initial*

INSTRUCTIONS

Rating sheets should be mailed directly to The American Legion, bypassing the applicant. Rate the student on each of the listed traits using a scale of 1-10 with 10 being outstanding. Please use the following guidelines:

9-10	Outstanding	5-6	Average	0-2	Weak
7-8	Very Good	3-4	Below Average		

The judges will select winners from the applicants who qualify according to criteria stated in the rules. Judges will also evaluate the applicant on merit, promise and achievement.

RATING

ACADEMIC (enter number 1-10)	**Scholastic achievement during Senior year and rating in class, application of studies and class participation.**
LEADERSHIP (enter number 1-10)	**The capacity to assume responsibility, to organize work and execute a project with others.**
CHARACTER (enter number 1-10)	**High standards of conduct, good reputation, adherence to truth and conscience, devotion to church and daily duties.**
AMERICANISM (enter number 1-10)	**The ideals, love of country, ability to accept a citizen's responsibilities.**

You may add comments here or attach a letter of recommendation.

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Name of Person Completing Rating Sheet *Date*

_____

Your Relationship to Applicant – Principal, Faculty, Clergy or Representative Citizen

MAIL TO:
The American Legion, Department of Wisconsin
Attn: Programs Coordinator
Box 388
Portage, WI 53901