



Wisconsin American Legion Softball Scholarship

Nomination Form

**PHOTOGRAPH
REQUIRED**

Nomination Instructions

Any team manager or head coach of an American Legion (post-affiliated) team may nominate a player for consideration of this award. The scholarship application, letters of recommendation and certification form must be completed, postmarked and mailed to the department headquarters no later than **July 11**. Three letters of testimony must be attached to the nomination form.

Attach a one-page letter of recommendation from your:

- (1) Legion coach or team manager
- (2) American Legion post commander or adjutant
- (3) Community leader, (i.e. teacher, minister, Scout leader, church leader, principal)

The Wisconsin American Legion Softball Committee will select an American Legion player who best meets the qualifications as the American Legion Softball Scholarship winner. Each department winner will receive a scholarship from The American Legion, Department of Wisconsin of \$1,000.

Name: _____

Address: _____
Street

City State ZIP

Age: ____ Date of birth: ____
Day/Month/Year

Email address: _____

Phone # () _____

Eligibility Requirements

The player must:

- Attach a copy of her official high school transcript.
- Have graduated from high school.
- Be on a current roster (American Legion National Softball Electronic Registration Form) filed with National Headquarters.
- Be part of a team affiliated with an American Legion post.
- Have three letters of testimony attached to application.

Scholarship recipients will be eligible to receive their scholarship immediately upon graduation from an accredited high school. Scholarship winners must utilize the total award within eight (8) years of their graduation date, excluding active military duty.

The scholarship may be used to attend a school selected by the student, provided it is state accredited and above the high school level.

The American Legion, Department of Wisconsin will make disbursement from the scholarship fund jointly to the student and the school at the beginning of each semester.

Applicants should type or print all information.

Application and testimonial letters must be postmarked Wisconsin American Legion no later than July 11.
PO Box 388, Portage, WI 53901

Section A – High School Record

Note: Please attach a copy of your high school transcript.

Name of high school: _____

Grade Point Average: _____ In upper _____ % of class Number in class: _____

List activities in which you participated during high school. List awards, honors and recognition received. List any school or community organizations in which you have held membership. Also, list any other scholarships you have received.

Section B – College Plans

(1) What major do you plan to pursue when you enter college? Why?

(2) What college or university do you plan to attend? Why?

(3) Do you anticipate playing college softball?

Section C – Career Interests

Describe what you see yourself doing 10 years from today. The scholarship committee realizes that in many cases, applicants will not have decided on career goals. However, complete this section to the best of your ability.

Section D – Community Participation Record

Briefly describe any community service activities in which you have been involved during your high school career. If community service required, explain why.

Section E – Family Information

Father's name and occupation: _____

Mother's name and occupation: _____

List brothers and/or sisters and their ages:

Family's adjusted gross income: _____

This scholarship is partially based upon need. Therefore, the adjusted gross income from a federal income tax form is necessary.

Describe any circumstances that may affect your family's ability to provide for your college education.

Section F – Letters of Recommendation and Testimony

Attached to this application must be three letters of testimony:

- 1) American Legion coach or team manager; 2) American Legion post commander or adjutant;
- 3) Community leader, school official or minister

Authorization

CERTIFICATION BY PLAYER

I certify to the accuracy of the foregoing facts. If selected, I will permit The American Legion to use my name, image and/or likeness for publicity.

SIGNATURE OF AMERICAN LEGION SOFTBALL PLAYER: _____ DATE: _____

PARENT'S CONSENT

We hereby certify that the information on this application pertains to our son/daughter. If our child is selected as a scholarship winner, we understand and agree and hereby grant permission to The American Legion to use our child's likeness and name in announcing and promoting this scholarship program.

SIGNATURE OF PARENT OR GUARDIAN: _____

PHONE NUMBER: _____ DATE: _____

PARENT'S ADDRESS:

CITY, STATE & ZIP _____

POST COMMANDER

The applicant above is qualified in every respect to represent The American Legion and has our recommendation.

SPONSORING POST # _____

POST ADDRESS:

CITY, STATE & ZIP _____

SIGNATURE OF POST COMMANDER: _____ PHONE # _____

Wisconsin American Legion contact information
and electronic applications are online:

wilegion.org/legion-softball