APPLICATION FOR THE AMERICAN LEGION SCHNEIDER-EMANUEL SCHOLARSHIP



PERSONAL INFORMATION

Name:		First	
Address:			
	Street		
City	<u> </u>	State	Zip Code
Phone Number:		Birth Date:	Month/Day/Year
Applicant email address:			monus Days Tear
Number of children in family:			ude 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

<u>LEGIONNAIRE</u> <u>AUXILIARY</u> <u>SONS OF THE AMERICAN LEGION</u>

SelfSelfSelfFatherMotherFatherMotherGrandmotherGrandfather

Grandfather Grandmother

Person through whom you qualify for this scholarship (continued)

Relative's Name:					
Last	First	Middle Initial			
Address:					
Stre	pet				
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 of	during the following war era. C	Check the box that applies.			
Dec. 7, 1941 to Dec. 31, 1	946 (World War II)				
June 25, 1950 to Jan. 31,	1955 (Korean War)				
Feb. 28, 1961 to May 7, 1	975 (Vietnam War)				
Aug. 24, 1982 to July 31, 3	1984 (Lebanon / Grenada)				
Dec. 20, 1989 to Jan. 31, 2	1990 (Panama)				
Aug. 2, 1990 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:
I have played on an American Legion Baseball team
Team Name:
Dates: Post No:
Dates: Post No:
I have belonged to an American Legion sponsored Boy Scout troop
Troop Number: Dates:
(10)
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)

	School Name	City	Year Attended
12			
11			
10			
9			
	igh School Graduation: 1	<u> </u>	
Number in	n graduating class: Ran	ak in class: ACT S	Score:
ATTE	NDANCE		
Were you	absent more than ten (10) times per year	during the past two years?	ES NO
** 010 you	absent more than ten (10) times per year	during the past two years?	INU
If you ans	wered yes, explain illness or cause:		
COLL	LEGE OR UNIVERSITY INF	ORMATION	
Name of C	College:	Location:	
	College:		
Have you	been accepted? YES No	(O (If no, when do you expect acceptant	
Have you If already	been accepted? YES No attending college, name of college:	(O (If no, when do you expect acceptant	nce?)
Have you If already What year	been accepted? YES No attending college, name of college: rare you in college? Freshman	Sophomore Junior	
Have you If already What year	been accepted? YES No attending college, name of college:	Sophomore Junior	nce?)
Have you If already What year What cour	been accepted? YES No attending college, name of college: r are you in college? Freshman rse of study do you plan to pursue?	Sophomore Junior	Senior
Have you If already What year What cour	been accepted? YES No attending college, name of college: r are you in college? Freshman rse of study do you plan to pursue? ANT'S STATEMENT – Please state below	Sophomore Junior ow your education objectives and care	Senior eer goals, and the value
Have you If already What year What cour APPLICA and contri	been accepted? YES No attending college, name of college: r are you in college? Freshman rse of study do you plan to pursue?	Sophomore Junior ow your education objectives and care	Senior eer goals, and the value
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EXTRA-CURRICULAR SCHOOL ACTIVITIES

A saliuda.	9th	10th	11th	12th
Activity Art Club	Grade	Grade	Grade	Grade
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:				

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:
 - o High School Principal, Counselor, Teacher
 - o Clergy
 - o 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

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		Y.E		OR	THE
		Un	uni	DET OF	

Name of a	pplicant you are rati	ing:	Last					First		Middle Initial
INST	RUCTIONS									
	ets should be mailed listed traits using a									
9-10	Outstanding	5-6	Average		0-2	Weak				
7-8	Very Good	3-4	Below Avera	ige						
will also ev	will select winners valuate the applicant						g to criteri	a stated in	the rule	s. Judges
RATIN	NG									
AC	ADEMIC (enter nu	umber 1	1-10)					Senior yea d class part		
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.					æn's		
You may a	add comments here	e or atta	ach a letter o	of reco	mmend	lation.				
				_						
Nam	e of Person Completing Rating	o 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