

NEBRASKA POST SECONDARY SCHOOL APPLICATION

Name of applicant:	Phone:		
Address:			
Date of birth:			
Name of parents:			
Name of Post 3 member:	Current member ID #:		
Relationship to Post 3 memb	er:		
Are you a Veteran? (if yes) Do you receive benefits from the VA to attend school?			
Are you a War Orphan? (if yes) Do you receive benefits from the State to attend school?			
EDUCATION OF APPLICANT:			
High School:	Years attended	: Co	ourse of study:
Other schools attended:			_Course of study:
Other Scholarships or Grants	::		
Do you have brothers or siste	ers attending post-seconda	ary schools?	How many?
Name of school the scholars	hip will be used at:		
Course of study:	Length of course: _		Tuition rate:
Have you been accepted for	admission?	When:	
Sources of income to be use	d for tuition and expenses	:	

Attach One Letter of personal reference from someone other than a relative.

Attach One Letter of reference from a present or former teacher.

NOTE: SCHOLARSHIP APPLICATION AND LETTERS OF REFERENCE MUST BE IN THE POST 3 OFFICE POST MARKED NO LATER than MAY 31 OF CURRENT YEAR. THERE CAN BE NO EXCEPTIONS.

Mail to: American Legion Post 3 Attn: Scholarship committee 123 South 84th Street Suite L Lincoln Nebraska 68510