AMERICAN LEGION MEMORIAL SCHOLARSHIP

*INVITATION TO APPLY *

THANK YOU for your interest in the ALAMS (American Legion Auxiliary Memorial Scholarship). This scholarship is made available through the American Legion Scholarship Fund which was established and is maintained by the efforts of the American Legion Auxiliary Unit #66 and the Craig E. Fleming American Legion Post #66. Scholarships in the amount of \$1,000.00 each will be awarded at the sole discretion of, and in accordance with the criteria established by, the American Legion Auxiliary Unit #66, in Clarion PA.

We wish you every success in your academic endeavors and encourage you to apply for one of our scholarships.

ELIGIBILITY IS LIMITED TO:

Clarion County veterans or Clarion County residents related to a veteran and acceptance by an accredited post-secondary institution or technical school. <u>Exception</u>: Students living in a county outside of Clarion County, but are currently attending school full time in Clarion County, are also invited to apply as long as the other above eligibility requirements are met.

CHECKLIST OF MATERIALS TO BE SUBMITTED WITH APPLICATION:

- 1. COMPLETED APPLICATION FORM: SEE ATTACHED
- 2. PHOTOCOPY OF PROOF OF ACCEPTANCE TO A COLLEGE OR TECHNICAL SCHOOL
- 3. COPY OF MOST RECENT HIGH SCHOOL OR COLLEGE TRANSCRIPT
- 4. AN ESSAY OF 300 WORDS OR LESS ON THE FOLLOWING TOPIC: <u>HOW WILL</u>

 <u>CONTINUING MY EDUCATION PREPARE ME TO DISCHARGE MY CIVIC DUTY TO MY</u>

 <u>COMMUNITY AND MY COUNTRY?</u>

Scholarship awardees will be notified by phone and are invited to attend the annual Memorial Day ceremonies. Attendance is not mandatory to receive a scholarship but is encouraged. The list of awardees will be posted at the American Legion Post #66, Clarion, PA.

Be sure to include all four (4) above components to avoid disqualification and send them to: American Legion Auxiliary, Unit #66; PO BOX 286; Clarion, PA 16214; ATT: Mary Orsino, Auxiliary Scholarship Committee Chm.

* ALL SCHOLARSHIP APPLICATIONS MUST BE RECEIVED BY APRIL 30, 2024*

Please don't hesitate to contact me, Mary Orsino –ALA Scholarship Committee Chm, if you have questions. My cell phone: 814-671-1296 or E-mail: kmorsino@atlanticbb.net

AMERICAL LEGION MEMORIAL SCHOLARSHIP 2024

APPLICATION

Last Name	First Name		Middle Name
Street/Rural Route/Box Number			County of Residence
City	State	Zip Code	Telephone Number
		•	
High School/Colleg	e now attending		most current GPA on 4.0 scale
Accepting School			Field of Study
• • • • • • • • • • • • • • • • • • • •		***************************************	
Are you a veteran?	Yes No		
Are you related to	a veteran? Yes N	o If yes, pleas	e fill in the information below:
Veteran's Name:			
How are you relate If other relationshi	ed? The veteran is my: F p, please list:	ather Mother	Brother Sister Grandparent
Are you a member	of the American Legion	Post 66: Yes N	No
Are you a member	of the American Legion	Auxiliary Unit 66? Ye	s No
Are you a member	of Club Legionnaire? Ye	es No	
Are you related to	a member of the above	organizations? Yes	No No
The member is my If other relationsh		Brother Sister	Grandparent
I hereby certify tha	at the information conta	ined in this applicatio	n is correct.
Signature			Date