

STATEMENT OF CONDITIONS  
OF THESE SCHOLARSHIPS

APPLICATION FOR SCHOLARSHIP

If information is omitted you will be disqualified. A transcript of marks, with SAT scores and rank in class, (if available) from the Principal's office must be submitted to the Committee.  
A letter of recommendation from a school official, counselor, or teacher shall accompany this application.

1. This scholarship shall be designated "The Scholarship Fund of the Edward L. Grant Post 75, The American Legion".
2. Edward L. Grant, Post 75 The American Legion, may grant yearly, one \$500.00 scholarship to be used towards the expenses of education of the child/grandchild, whose parent or grandparent was an honorably discharged or current member of the Armed Forces of the United States and is a resident of Massachusetts.
3. Applications shall be filed on or before **April 30**, with the Post 75 Adjutant, The American Legion, P.O.Box 42 Franklin, MA. 02038.
4. The scholarship shall be for the next school year only and limited to incoming freshmen. The scholarship committee will make its selections before May 20th.
5. Scholarship payment shall be made directly to the recipient of the scholarship in one payment. Payment shall be made at the beginning of each semester.  
In event of termination during school year payment must be returned to Edward L. Grant Post 75, The American Legion.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Secondary School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Address \_\_\_\_\_

Name of School or College for attendance at which you desire scholarship \_\_\_\_\_

If you have worked while in Secondary School list places of employment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your career goal is to be a Registered Nurse, check here ( ).

FAMILY RECORD

Veterans Name \_\_\_\_\_

Relationship to above Veteran \_\_\_\_\_

**Submit Copy of Veterans current American Legion membership card or Discharge Document.**

List names of members of your immediate family living at home: (Include Parents & Siblings)

Name	Age	Where employed	School Attending
			If a Student

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAT SCORES: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

TOTAL FAMILY INCOME from all Sources ( including Child Support)

FAMILY INCOME: \_\_\_ Under \$30,000 \_\_\_ \$30-\$50,000 \_\_\_ \$50-\$70,000 \_\_\_ Over \$70,000

Achievements:

Submit on separate sheet of paper - 1 Community and Volunteer Activities; 2. School activities and Awards

STATEMENT OF APPLICANT: (Approximately 100 words) Please type.  
What is your long range goal? Why do you want to go to college?  
The above items are mere suggestions. The statement must be in your own words.

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# SCHOLARSHIP APPLICATION

**The American Legion**

**Edward L. Grant  
Post 75**



## CHECK LIST FOR SCHOLARSHIP SUBMISSION

1. Completed application form.
2. Letter of recommendation from your School teacher, counselor or principal.
3. Transcript of marks from your School.
4. Photocopy of Veterans Documents (Discharge, Legion Membership Card)
5. Additional information regarding volunteer activities, school activities and awards.

A TRUE STATEMENT:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

All information must be received by April 30th.