CENTRALIA FOUNDATION

Scholarship Application

American Legion Auxiliary

Scholarship Criteria:
Applicant must be a United States of America Citizen, graduating high school senior or GED recipient and be a resident of Marion, Clinton, Jefferson, or Washington County. Preference is given to an honorably discharged veteran or descendant of such a veteran of the Armed Forces of the U.S.A.

Application Deadline – March 14, 2014
(Applications received after this date will be considered after on-time applications.)

Return Application & Transcripts to:

American Legion Auxiliary Committee
c/o Centralia Foundation
Nina Buchele
115 E 2nd Street
Centralia, IL 62801

(Located in the conference center at Centralia Recreation Complex)
AMERICAN LEGION AUXILIARY
SCHOLARSHIP APPLICATION
2014 - 2015

THIS SCHOLARSHIP APPLICATION, WHETHER A NEW OR RENEWAL
APPLICATION, WILL NOT BE CONSIDERED UNLESS IT IS COMPELLED IN ITS
ENTIRETY AND HAS A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS
ATTACHED.

APPLICANT INFORMATION:

Name: _______________________________ Social Security: _____ - _____ - _____

Address: ____________________________ City ____________________________ State Zip

Email: _______________________________ Male  Female

Phone No: _______________ Date of Birth: _______________ Marital Status: __________

Occupation: _________________________ Employer: ____________________________

PARENT'S NAME, OCCUPATION & ANNUAL SALARY:
(N/A IF APPLICANT IS MARRIED) Salary information obtained is confidential. Committee
may request verification of salary.

Father: ___________________ Occupation: _______________ Annual Salary: __________

Mother: ___________________ Occupation: _______________ Annual Salary: __________

EDUCATIONAL PROFILE:

High School: ___________________________ Date Graduated: ______________

Grade Point Average: _____________ (5 Point Scale)

College: _______________________________ Academic Year: ____________

Grade Point Average: _____________ (5 Point Scale)
FINANCIAL RESOURCES:

Student’s Annual Wages: $ ____________________

Spouse’s Annual Wages: $ ____________________

Annual Financial Assistance: $ ____________________

Other Sources of Financial Aid:

________________________

ADDITIONAL INFORMATION:

Are you an honorably discharged veteran of the Armed Forces of the United States of America?

☐ Yes ☐ No

If yes, please provide the following information:

Branch of Service: ________________ Year Enlisted: ________ Year Discharged: ________

Are you the descendant of an honorably discharged veteran of the Armed Forces of the United States of America?

☐ Yes ☐ No

If yes, please provide the following information (if known):

Name: ________________________________

Branch of Service: ________________ Year Enlisted: ________ Year Discharged: ________

Any Other Relevant Information:

________________________

PERSONAL HISTORY:

Community Service and/or Extra Curricular Activities, Hobbies and Interests:

________________________
REFERENCES:
List three (3) - Include Name, Relationship, Phone Number and Address

Name: ____________________________ Relationship: ________________ Phone: ____________
Address: ____________________________ Street ________________ City ____________________________ State Zip

Name: ____________________________ Relationship: ________________ Phone: ____________
Address: ____________________________ Street ________________ City ____________________________ State Zip

Name: ____________________________ Relationship: ________________ Phone: ____________
Address: ____________________________ Street ________________ City ____________________________ State Zip

FUTURE GOALS/PLANS:

Give a Brief Statement Explaining Your Future Goals/Plans:

Any information about special needs or circumstances to help the committee in the selection process should be listed below:

Release Statement – Signature Required

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: ____________________________ Date: ________________