STAFFORD AMERICAN LEGION, POST 290, BOX 125, STAFFORD, VA 22555

AMERICAN LEGION SCHOLARSHIP/LEADERSHIP MEDALLION FORM

Please **type or print clearly** when entering information into the application form

Full Name:_______________________________ High School:_______________________________

Home Address:____________________________ High School Address:_________________________

____ ____

____ ____

Phone Number:____________________________ High School Phone:__________________________

Email :__________________________________ Parent(s)/Legal Guardian(s)___________________

Date of Birth:____________________________ ______________________________

Sons of the American Legion member? ____(Y/N) American Legion JR Auxiliary Member?: ____(Y/N)

Are you applying for the medallion and/or scholarship? ____

I am the (state relationship) ___________________of (veteran's name)_____________________________________

Veteran's Address (if living)____

Who served on active duty during one or more of the following periods of war.

____World War I - Apr 6, 1917 - Nov 11, 1918

____World War II- Dec 7, 1941 - Dec 31, 1946

____Korean War - June 23,1950 – Jan 31, 1955

____Vietnam War - Feb 28, 1961 - May 7, 1975

____Lebanon/Grenada - Aug 24, 1982 - July 31, 1984

____Panama - Dec 20, 1989 - Jan 31, 1990

____Persian Gulf War - Aug 2, 1990 until cessation of hostilities and includes

____Operations Enduring Freedom, Iraqi Freedom and War on Terrorism

Is parent/an American Legion member____ (Y/N)? If yes, Name ______________________________ AMERICAN LEGION MEMBER NUMBER:
or grandparent

Name of Post/Unit: _________ Location:____

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Financial Need Assessment: Expected Family Contribution-$___________ (To find EFC go to www.finaid.org;

Click on **Calculators** and use "**Federal Methodology**.")

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To the best of my knowledge all information provided above and on page 2 is true and accurate:

Applicant's Signature //SIGNED// [TYPE/WRITE YOUR NAME HERE]_______________________________

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To be filled out by school official

Mid year GPA:________ Class rank: ________ out of________

Guidance Counselor Name:____

Guidance Counselor signature//SIGNED// [TYPE/WRITE YOUR NAME HERE]__________________________

Return application to your school counselor or sponsor.

Applicant Name:_____

Why would the American Legion Post 290 scholarship benefit you?

_____

_____

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_____

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_____

School Activities

Activity & Years Participating	Offices Held	Recognitions/Awards

Outside of School Activities

Activity	Leadership Position	Recognitions/Awards

If additional space is needed, please attach additional pages.