



THE AMERICAN LEGION

Department of Florida

GENERAL SCHOLARSHIP

ELIGIBILITY:

1. Student must be a direct descendant (child, grandchild, great-grandchild or an adopted child) of a **veteran who meets one of the following requirements:**
 - Is a member in good standing of The American Legion
 - Is a U.S. veteran who is eligible to be a member of The American Legion
 - Is a deceased U.S. veteran who would have been eligible for membership in The American Legion
2. The student must also be in their **senior year** of a Florida high school or home school.
3. The scholarship may be used only for undergraduate study at an accredited U.S. college or university.
4. The 1st and 2nd Place winners will be invited to attend our Department Convention to receive their scholarship and award plaque. All other scholarship recipients will receive their scholarships via mail.
5. **Submissions must be TYPED:** You can download the application at floridalegion.org/programs-services/scholarships.

REQUIREMENTS:

Attach to this application a **PHOTOCOPY** of the veteran's Certificate of Release or Discharge from Active Duty (Form DD-214) **OR** other documents showing **time served on active military duty during eligibility period(s) as indicated on page 2 of this application.**

Attach to this application a **LETTER OF RECOMMENDATION** from your school or community.

DEADLINE:

All applications must be **received by March 1st** of the current school year.

****Any applications received after March 1, will NOT be accepted****

Submit Application to:

The American Legion Dept. of Florida

Attn: Scholarships

PO Box 547859

Orlando, FL 32854-7859

**If you have any questions please contact Programs Director,
Elizabeth Douglas, at 800-393-3378 ext. 235 or edouglas@floridalegion.org**



Florida American Legion

GENERAL SCHOLARSHIP APPLICATION

DIRECTIONS FOR COMPLETING THIS APPLICATION: **Must be Typed**. Do not attach any documents or additional pages to this application, except as required. **All other documents or added pages will be discarded.**

FULL NAME:

MAILING ADDRESS:

CITY:

STATE: Florida

ZIP CODE:

TELEPHONE:

DATE OF BIRTH:

E-MAIL ADDRESS:

I AM THE (circle): Child Grandchild Great-Grandchild

 Adopted Child Adopted Grandchild Adopted Great-Grandchild

OF (VETERAN'S NAME):

who served on **active duty** during one or more of the following periods of war. Check the appropriate war period:

_____ World War I - April 6, 1917 - November 11, 1918

_____ World War II - December 7, 1941 - December 31, 1946

_____ Korean War-June 25, 1950-January 31, 1955

_____ Vietnam War - December 22, 1961 - May 7, 1975

_____ Lebanon/Grenada - August 24, 1982 - July 31, 1984

_____ Panama - December 20, 1989 - January 31, 1990

_____ Persian Gulf War - August 2, 1990 - Until Cessation of Hostilities

REQUIREMENT: Attach to this application a **PHOTOCOPY** of the veteran's Certificate of Release or Discharge Form Active Duty (Form DD-214) or other government document showing time served on active military duty during eligibility period(s) as indicated above AND your **LETTER OF RECOMMENDATION** from your school or community.

High School Record: This section to be completed by high school official.

****This section does NOT have to be Typed****

HIGH SCHOOL: _____

UNWEIGHTED GPA: _____ WEIGHTED GPA: _____

CLASS RANK: _____ EXPECTED DATE OF GRADUATION: _____

SAT SCORE: _____ ACT SCORE: _____

Signature of School Official _____ Date _____

Print clearly name and title _____

CERTIFICATION

If I am selected as a scholarship winner, I give The American Legion Department of Florida permission to use my name and photo in announcing and promoting this scholarship program. I understand that the Department Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the veteran's verification document. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. Falsification of information will result in termination of this Scholarship.

Student Signature

Date

Parent/Guardian Signature

Date

CLUBS/ ACTIVITIES:

Please list all clubs and activities you have participated in at school and/ or in your community. Make sure to list the number of years you have been involved in each club/ activity (Example: Band – 4 years, Cross Country – 2 years):

OFFICES/ HONORS/ AWARDS:

List any offices held and honors and/or awards that you have received in the clubs and activities you listed:

APPLICATION QUESTIONS:

1) WHAT CAREER DO YOU PLAN ON PURSUING WHEN YOU ENTER POST-SECONDARY EDUCATION? WHY?

2) WHY ARE YOU SEEKING A HIGHER EDUCATION?

3) HOW WILL YOUR AREA OF STUDY CONTRIBUTE TO YOUR IMMEDIATE OR LONG-RANGE CAREER PLANS?

4) DESCRIBE ANY "COMMUNITY SERVICE" ACTIVITIES YOU HAVE BEEN INVOLVED IN DURING YOUR HIGH SCHOOL CAREER.

5) WHAT DO YOU CONSIDER TO BE THE SINGLE MOST IMPORTANT SOCIETAL PROBLEM? WHY?

6) PICK AN EXPERIENCE FROM YOUR OWN LIFE AND EXPLAIN HOW IT HAS INFLUENCED YOUR DEVELOPMENT.
