

American Legion
MADISON HIGH SCHOOL LOCAL SCHOLARSHIP FORM

Last Name:

First Name:

Middle Initial:

Street:

City:

Parents/Guardian Name:

Parents Place of Employment/Position:

Number of Siblings Living at Home:

What is Your Proposed Major in College/Vocational Program?

Name of College, University, Vocational or Trade School you plan to attend:

Date you expect to enter:

Length of Program:

Estimated Expenses for one school year (dollar amount)(Cost of tuition, books, fees, room and board):

What have you done in planning to help meet college expenses?

How have you earned or saved money?

What are your plans for the coming summer?

Please list your involvement in Extracurricular Activities during your four years of High School and how you contributed to those groups:

Please list any leadership positions held in Extracurricular Activities (ex: Basketball Captain, Class President, etc).

Academic Awards and Honors (Attachments accepted)

Briefly, tell us about your educational and career goals, and how you plan to make our world a better place in which to live: Please tell us why you should be considered for this scholarship.

If I earn a scholarship, I will be responsible for providing documentation of my enrollment in college or school and for contacting the club/organization as to how and where the funds will be distributed.

The information on this application is true to the best of my knowledge. I also understand that this application can be disqualified if I knowingly falsified any of the information that I have provided.

Date: _____ Applicant Signature: _____

The following information will be provided by the Guidance Counselor:

Cum GPA (7th Semester): _____ Rank: _____ ACT Composite: _____

Number of Absences: 9th _____ 10th _____ 11th _____ 12th _____

Counselor's Signature: _____