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 Bekki Tibbs at 800-393-3378 ext. 235 or btibbs@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
- 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.