



THE AMERICAN LEGION
Department of Florida
JROTC CADET OF THE YEAR APPLICATION

ELIGIBILITY:

- Student must be a member of a Florida high school approved JROTC unit.
- The student must be in their *senior year* of an accredited Florida high school.
- **Only one student from each high school JROTC unit will be accepted.** *The Senior Military Instructor is responsible for choosing the cadet to receive the application.*

APPLICATION MUST INCLUDE:

- A letter of recommendation from the Commanding Officer of the JROTC unit telling why this cadet should be selected for scholarship over all others.
- A computer generated copy of the cadet's military record must be attached to the application. The record must include Ranks, Jobs, Awards and Events.
- Submissions **must be typed**. You can download the application at floridalegion.org/programs-services/scholarships/ or e-mail the Programs Director at programs@floridalegion.org to get a **WORD** document version of the application.

Deadline for submission: received by **March 1st** of the current school year

Submit Application to:

The American Legion Dept. of Florida
Programs Director
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 programs@floridalegion.org**



Florida American Legion JROTC CADET OF THE YEAR APPLICATION



DIRECTIONS FOR COMPLETING THIS APPLICATION: All submissions 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.

Name _____

Address _____

City _____ ST _____ Zip _____

Telephone _____

E-Mail Address _____

Parents/Guardians Names _____

Name of High School you attend _____

Address of School _____

City _____ ST _____ Zip _____

Name of JROTC Commanding Officer _____

E-Mail Address _____

School phone # _____ JROTC Ext. _____

Type of JROTC Unit: Army _____ Navy _____ Air Force _____ Marine _____

Number of cadets in unit _____

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

(Can be handwritten)

Name of School _____

Cumulative Grade Point Average (GPA) _____ Scale A= _____

Class Rank _____ Expected Date of Graduation _____

SAT Scores Math _____ Verbal _____ Total _____ or ACT Score _____

_____ Date _____

Signature of School Official

 Print/Type name and title

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

What career do you plan on pursuing when you enter post secondary education?

Why?

What institution of higher learning do you want to attend?

Why?

Why are you seeking a higher education?

Describe any "community service" activities you have been involved in during your high school career.



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 grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to The American Legion Department of Florida for use in administering my scholarship award. 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.

_____ Date _____
Student Signature

_____ Date _____
Parent/Guardian Signature