

APPLICATION FOR KINGMAN AMERICAN LEGION AND AUXILIARY POST #384
SCHOLARSHIP

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

FAMILY INFORMATION:

FATHER'S NAME: _____ MOTHER'S NAME: _____

OCCUPATION: _____ OCCUPATION: _____

NUMBER OF SIBLINGS AT HOME: _____

OTHER FAMILY MEMBERS IN COLLEGE AND WHAT SCHOOLS THEY ARE ATTENDING:

COLLEGE YOU HOPE TO ATTEND: _____

(Please attach a copy of your Letter of Acceptance if available.)

INTENDED COURSE OF STUDY: MAJOR: _____ MINOR: _____

PLEASE EXPLAIN (IN 100 WORDS OR LESS) WHY YOU SHOULD BE AWARDED THIS
SCHOLARSHIP:

PLEASE LIST BELOW ANY OTHER SCHOLARSHIPS YOU ALREADY KNOW YOU HAVE
RECEIVED:

1. _____ 2. _____ 3. _____

YOUR GRADE POINT AVERAGE: _____ YOUR CLASS RANKING: _____

PLEASE COMPLETE AND RETURN TO GUIDANCE COUNSELOR NO LATER THAT APRIL 1.
APPLICATIONS WITH BLANKS WILL BE DISQUALIFIED.
WE RESERVE THE RIGHT TO ASK FOR AN INTERVIEW.

THANK YOU FOR APPLYING FOR OUR SCHOLARSHIP