

**INSTRUCTIONS:** Scholarship only available to Michigan residents who are high school seniors or college students with no bachelor's degree. Must be a son, daughter, grandchild, or great grandchild of a war-time veteran planning to or are attending any nationally accredited college, university, or trade school. Student must hold a G.P.A. of 2.5 or higher and a financial need. Submit this scholarship form along with requested information to the American Legion Post 253 by the deadline date of June 15<sup>th</sup>. The scholarship amount is \$500 and not renewable.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Michigan, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Academic Information: Provide most recent transcript of grades by a school official. COLLEGE/UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_

Corse of Study: \_\_\_\_\_

High School attended: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**Explain your career goals and intentions for the scholarship:** \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**Veteran's War- time Service Information:** Provide a copy parent's or grandparent's discharge papers (DD-214 or equivalent) showing entry and discharge dates from honorable active war- time military service.

I am the (state relationship): \_\_\_\_\_ of \_\_\_\_\_

**Applicant's Financial Information: Savings:** \$ \_\_\_\_\_

**Expected Summer Earnings:** \$ \_\_\_\_\_

**Prepaid Tuition:** \_\_\_\_\_

**Prepaid College Expenses:** \_\_\_\_\_

**Explain, if any, matters with the last 12 months that would affect your financial need for the scholarship:** \_\_\_\_\_

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**Certification of Scholarship Information:** In submitting the scholarship, I certify to the best of my ability that the information is complete and accurate and that any falsification of information will result in the termination of this scholarship.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO: Frank Wendland Post 253, Attn: Scholarship**

1505 N. Main St.

Royal Oak, Mi. 48073