

Browne/Cavender
American Legion Post #148
Scholarship Application

All applicants must include:

1. An official transcript, certified by the school that included the student's academic record.
2. ACT or SAT test scores. These may be photocopied.
3. Two letters from non-family members. This may be from teachers.

Please type or print in ink.

Application for Scholarship Award for the academic year 20__ thru 20__.

Full Legal Name: _____

Address: _____

High School(s) Attended:

Name of School	City	Years Attended
_____	_____	_____

Name of School	City	Years Attended
_____	_____	_____

Date of Graduation: _____

Higher Education Institution (College, Trade School, etc.):

Father: _____

Address: _____

Mother: _____

Guardian's Name (if it pertains): _____

Address: _____

Signature: _____ Date: _____

Student

Signature: _____ Date: _____

Parent or Guardian

APPLICATION DEADLINE: FRIDAY, FEBRUARY 23, 2024

SUBMIT COMPLETED APPLICATION TO MRS. DEKETT IN THE MAIN OFFICE

Student Name: _____

SCHOLASTIC (High School)

Academic Honors and Awards (State year and nature of) _____

Member of Academic Organization (State Name of Organization, year(s), and if position(s) held):

Sports Activity (Name sport, year, awards): _____

EXTRACURRICULAR (Non-School related)

Membership in organizations (Scouts, 4-H, etc., year, position held): _____

Employment (Name of employer, position(s) held, period of employment): _____

OTHER FINANCIAL AID

Have you been granted financial aid? _____

Monetary details of the following:

- 1) Other scholarship(s): _____
- 2) Pell Grant: _____
- 3) Federal or State Loan: _____
- 4) Campus employment: _____
- 5) Other Grant: _____

Have you reason to expect financial aid from any other source? _____

If so, give details: _____

Any additional data to show financial need: _____
