

CENTRALIA FOUNDATION

Scholarship Application

American Legion Auxiliary

Scholarship Criteria:

Applicant must be a United States of America Citizen, graduating high school senior or GED recipient and be a resident of Marion, Clinton, Jefferson, or Washington County. Preference is given to an honorably discharged veteran or descendant of such a veteran of the Armed Forces of the U.S.A.

Application Deadline – March 8, 2024

(Applications received after this date will be considered after on-time applications.)

Return Application & Transcripts to:

**American Legion Auxiliary Committee
c/o Centralia Foundation
Nina Buchele
115 E 2nd Street
Centralia, IL 62801**

(Located in the conference center at Centralia Recreation Complex)

**AMERICAN LEGION AUXILIARY
SCHOLARSHIP APPLICATION
2024-2025**

THIS SCHOLARSHIP APPLICATION, WHETHER A NEW OR RENEWAL APPLICATION, WILL NOT BE CONSIDERED UNLESS IT IS COMPLETED IN ITS ENTIRETY AND HAS A COMPLETE TRANSCRIPT OF ACADEMIC RECORDS ATTACHED.

APPLICANT INFORMATION:

Name: _____ Social Security: _____ - _____ - _____

Address: _____
Street City State Zip

Email: _____ County: _____ Male Female

Phone No: _____ Date of Birth: _____ Marital Status: _____

Occupation: _____ Employer: _____

PARENT'S NAME, OCCUPATION & ANNUAL SALARY: (N/A IF A PPLICANT IS MARRIED)
Salary information obtained is confidential. Committee may request verification of salary.

Father: _____ Occupation: _____ Annual Salary: _____

Mother: _____ Occupation: _____ Annual Salary: _____

EDUCATIONAL PROFILE:

High School: _____ Date Graduated: _____

Grade Point Average: _____ (5 Point Scale)

College: _____ Academic Year: _____

Grade Point Average: _____ (5 Point Scale)

Where will you attend school in the fall of 2024? _____

FINANCIAL RESOURCES:

Student's Annual Wages: \$ _____

Spouse's Annual Wages: \$ _____

Annual Financial Assistance: \$ _____

Other Sources of Financial Aid:

ADDITIONAL INFORMATION:

Are you an honorably discharged veteran of the Armed Forces of the United States of America?

Yes No

If yes, please provide the following information:

Branch of Service: _____ Year Enlisted: _____ Year Discharged: _____

Are you the descendant of an honorably discharged veteran of the Armed Forces of the United States of America? Yes No

If yes, please provide the following information (if known):

Name: _____ Relationship: _____

Branch of Service: _____ Year Enlisted: _____ Year Discharged: _____

Any Other Relevant Information:

PERSONAL HISTORY:

Community Service and/or Extra Curricular Activities, Hobbies and Interests:

REFERENCES:

List three (3) - Include Name, Relationship, Phone Number and Address

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Relationship: _____ Phone: _____

Address: _____
Street City State Zip

FUTURE GOALS/PLANS:

Give a Brief Statement Explaining Your Future Goals/Plans:

Any information about special needs or circumstances to help the committee in the selection process should be listed below:

Release Statement – Signature Required

I certify that, to the best of my knowledge, all statements submitted are accurate and my own. I understand this application and all records gathered during the process are confidential and will not be disclosed to me. Access will be restricted to appropriate committee members. If I am selected as a recipient of this award, I give permission to release my name and/or photo to the news media.

Signature of Applicant: _____ Date: _____