

# *American Legion Scholarship*

**Objective:**

The aim of the Legion Scholarship is to reward and encourage a senior or alumni of Hobson High School to attend any accredited university or college.

**Award:**

5 scholarships, \$500 each

**Preference will be given to students based on the following:**

- GPA
- Need
- Community Service
- Extra-Curricular Activities
- Military Background in Family

**Selection:**

The scholarship application will be reviewed by the American Legion members in Hobson, MT.

**Rules:**

This scholarship must be used at an accredited college or university.

The student must start the course of study at the university or college in the fall of the same year that scholarship is awarded.

**Required Documents:**

- Current resume including work experience and extra-curricular activities
- A one page essay stating the purpose in going to college, accomplishments that have provided the greatest satisfactions, and reason(s) why he or she should be chosen as the recipient of this award.
- **Completed** Application.
- Copy of current high school transcript with GPA.
- Copy of ACT or SAT scores.

**Due Date:**

April 15<sup>th</sup> to the school counselor.

**AMERICAN LEGION SCHOLARSHIP  
APPLICATION**  
(Must be received by April 15th by the Hobson Counselor)

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

\_\_\_\_\_

(City)

(State)

(Zip)

(Telephone)

PARENTS' NAME(S): \_\_\_\_\_

PARENTS' OCCUPATION(S): \_\_\_\_\_

FAMILY MILITARY BACKGROUND (If available):

Relationship: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Time in Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

PLANS AFTER GRADUATION: \_\_\_\_\_

POST-SECONDARY SCHOOLING: (Please complete this section if you plan to attend a Post-Secondary Institution: i.e. University, College, Vocational or Trade School.)

A. Post-Secondary Institution: \_\_\_\_\_

1. Location: \_\_\_\_\_

2. Course of study: \_\_\_\_\_

3. Degree to receive: \_\_\_\_\_

4. Length of time to complete program: (years) \_\_\_\_\_

5. Dates you plan to attend: (month/year): \_\_\_\_\_



COMMUNITY INVOLVEMENT:

<u>Activity</u>	<u>Organization</u>	<u>Year(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## IV. FINAL CRITERIA

The American Legion Scholarship Committee shall consider applications and grant scholarships using the following criteria:

1. GPA
2. Need
3. Community Service
4. Extra-curricular Activities
5. Military Background in Family

Certification: We certify the information contained in this application to be true and complete to the best of our knowledge. We understand the American Legion Scholarship Committee may, at its discretion, deny this application for a scholarship if this application contains any false or incomplete statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION MUST BE RECEIVED by Counselor no later than  
April 15<sup>th</sup>.**