**American Legion Tom Whitmore Post 28**

Scholarship Committee

38 N. Center Street

Green River, WY 82935

It is the intention of the American Legion Tom Whitmore Post #28, to provide financial aid to Dependents of American Legion Family who are serious about furthering their education and careers; therefore, the American Legion Tom Whitmore Post #28 is offering up to two (2) scholarships to deserving seniors or undergraduate college students. Recipients will receive $500.00 payable to an accredited educational institution or equivalent during the award year.

Priority 1- Post 28 Sons of the American Legion or Unit #28 Auxiliary Members in good standing.

Priority 2- Dependents of Post 28 Family Members.

Priority 3- Dependents of Honorably Discharged or Active Duty Military Veterans.

A dependent is determined to be a child, step-child, grandchild or step-grandchild of a living or deceased veteran.

All scholarship applicants must be high school seniors currently enrolled in high school, or currently enrolled in first year in college. Applicants must submit a letter (500 words or less) with the scholarship application. The letter should include, but not be limited to, the following:

Your goals and objectives.

Extracurricular Activities (e.g. memberships in organizations, sports, etc.) to include a brief description of applicant’s responsibilities.

Volunteer activities in which applicant has been involved to include a brief description of how you participated.

Any recognition or accomplishments you have received within the last three years.

Other information that would tell us more about you as an individual.

In addition to submitting your Letter of Application, please complete this scholarship application in its entirety for one of the $500.00 scholarships. Include a copy of High School or college transcripts. This scholarship will be given out in at the beginning of your next semester, pending verification of current enrollment.

This application must be received by the Tom Whitmore Post 28 Scholarship Committee by April 1st.

American Legion Tom Whitmore Post 28 Scholarship Application

Priority 1 Applicants: Sons or Auxiliary Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Priority 2 Applicants: Name of Member who qualifies you for eligibility \_ \_\_

 Student Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First MI

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am presently enrolled at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School.

Anticipated date of graduation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative Grade Point Average\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of accredited educational institution you will be attending:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Priority 3 applicants: Include a photocopy of Veterans DD-214 with SSN/Service Number removed.

Certification

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information will result in disqualification from the Tom Whitmore Post 28 Scholarship Program. All applications will remain confidential.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_