



American Legion Post 75 Fox River - Geneva

Scholarship Application Form

Please fill out this form, print and sign and attach any other applicable or supporting documentation with your application and mail it to:

American Legion Post 75
Attn: Scholarship Committee
22 S. 2nd Street
Geneva, IL 60134

Applicant Information

Legal name:

Address:

Telephone number:

Email address:

Mother's name:

Mother's address (if different than applicant's address):

Father's name:

Father's address (if different than applicant's address):

College or university attending or accepted:

Post 75 members name and your relationship:

Name of disabled or deceased veteran: (attach any documentation related):

List service hours by activity and timeframe:

GPA:

Class Rank (if applicable):

ACT/SAT Cumulative Score:

List High Schools and Colleges attended/completed:

List activities or programs that you have participated in your school and community.
Include positions held and timeframes:

List honors and awards you have received:

List public and community service with timeframe:

American Legion Post 75 Scholarship Agreement

If granted a scholarship and I fail to complete the term due to any cause other than illness, physical injury, or military deployment I agree to return any scholarship money received by me from American Legion Post 75 within sixty days from the date enrollment was terminated.

I further state and consent to providing the information requested in this application. I have provided this information freely and voluntarily and hereby waive any objections providing this information which might be made pursuant to the Privacy Act, 5 U.S.C. Section 522(a). The American Legion Post 75 has my permission to use this information in considering and processing this application.

Printed Name of Applicant

Signature of Applicant

Date

Printed name of Legal Guardian (if applicant is a minor)

Signature of Legal Guardian

Date
