



**SONS OF THE AMERICAN LEGION
DETACHMENT OF ILLINOIS
SCHOLARSHIP PROGRAM**

SCHOLARSHIP:

The scholarship will be granted to assist the applicant in his pursuit of an undergraduate degree or vocational skill.

A scholarship may be used at such institutions with acceptable academic or vocational curriculum as determined by the Children and Youth Commission.

The length of the scholarship shall be for one (1) year. An applicant who has been granted a scholarship are eligible to make application for further scholarships.

A scholarship shall be granted only to a full-time student.

A scholarship shall be void if the applicant fails to enter the school of his intent.

ELIGIBILITY:

To be eligible for a scholarship, the applicant must be a member of The Sons of The American Legion, Detachment of Illinois, and must maintain his membership for the duration of the scholarship.

REQUIREMENTS OF APPLICANTS:

Applicant must have reached his Junior year in High School.

Applicants must have a High School diploma or a GED before his entrance to College or Trade School.

Applicant must submit:

1. An application to the Children and Youth Commission.
2. A High School and / or College transcript or proof of GED.
3. At least three signed (3) letters of recommendation (Not from Family members).

NOTE: If the letters of recommendation are not signed; the applicant will be disqualified!
All Signatures MUST be in original Ink!

4. A record of his ACT and / or SAT scores.
5. Applicant must have the equivalent of a C average in his studies.
6. If the applicant is already a student in College, he must submit his College transcript or current report card for the Children and Youth Commission's consideration.
7. **All materials must be postmarked by June 15th (of the scholarship year) and mailed to: Bill Hollis, Children & Youth Chairman, 2615 N 76th Avenue, Elmwood Park, IL 60707. Failure to submit all items 1 through 6 will disqualify the applicant!**

If the applicant accepts a scholarship and fails to complete the year's study, covered by the term of the scholarship, a letter of explanation must be submitted to the Children and Youth Commission and reimburse the Detachment the amount of the scholarship. The Detachment will not require reimbursement if the applicant's reason for failing to complete his course of study is due to his entering the military service of the United States.

The Commission strongly recommends that the winners of the scholarship notify the Detachment of Illinois.



SONS OF THE AMERICAN LEGION
DETACHMENT OF ILLINOIS

SCHOLARSHIP APPLICATION

[PLEASE TYPE OR PRINT ALL INFORMATION]

APPLICATIONS MUST BE POSTMARKED BY JUNE 15th OF THE YEAR APPLYING FOR

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) -- -- _____ BIRTH DATE: _____

E-MAIL: _____

SQUADRON #: _____ SQUADRON NAME: _____

MEMBERSHIP CARD NUMBER: _____ CONTINUOUS YEARS MEMBERSHIP: _____

EDUCATION:

HIGH SCHOOL [MUST PROVIDE LATEST TRANSCRIPT]:

SCHOOL NAME:

ADDRESS:

HAVE YOU GRADUATED? [] YES [] COMPLETED GED [] NO

DATE (or intended date) OF GRADUATION (GED COMPLETION):

AWARDS RECEIVED [Academic or Extracurricular]:

COLLEGE OR VOCATIONAL SCHOOL [IF YES, MUST PROVIDE LATEST TRANSCRIPT]:

ENROLLED: [] YES [] WILL BE ENROLLING NEXT SEMESTER / TERM

[] COLLEGE [] JUNIOR COLLEGE [] VOCATIONAL

SCHOOL NAME:

ADDRESS:

MAJOR:

MINOR:

SONS OF THE AMERICAN LEGION ACTIVITY:

HAVE YOU SERVED AS AN OFFICER OF YOUR SQUADRON? [] YES [] NO

OFFICE(S):

HAVE YOU SERVED AS AN OFFICER ABOVE YOUR SQUADRON? [] YES [] NO

OFFICE(S):

S. A. L. Scholarship Application (Continued):

WHAT ACTIVITIES / PROGRAMS (PARTICIPATION) HAVE YOU BEEN INVOLVED?

GOALS:

WHAT ARE YOUR GOALS IN LIFE?

FAMILY INFORMATION:

FATHER'S NAME: _____ { } DECEASED

LEGION MEMBER: [] YES [] NO () ELIGIBLE () NOT ELIGIBLE

VETERAN OF: [] WWI [] WWII [] KOREA [] VIETNAM [] LEBANON-GRENADA [] PANAMA [] PERSIAN GULF
[] OPERATION IRAQI FREEDOM [] OPERATION ENDURING FREEDOM

CITY: _____ POST # _____ STATE:

S. A. L. MEMBER: [] YES [] NO () ELIGIBLE () NOT ELIGIBLE

CITY: _____ SQUADRON # _____ STATE:

MOTHER'S NAME: _____ { } DECEASED

AUXILIARY MEMBER: [] YES [] NO () NO ELIGIBILITY

CITY: _____ UNIT # _____ STATE:

LEGION MEMBER: [] YES [] NO () ELIGIBLE () NOT ELIGIBLE

VETERAN OF: [] WWI [] WWII [] KOREA [] VIETNAM [] LEBANON-GRENADA [] PANAMA [] PERSIAN GULF
[] OPERATION IRAQI FREEDOM [] OPERATION ENDURING FREEDOM

CITY: _____ POST # _____ STATE:

ARE YOU MARRIED? [] YES [] NO

WIFE'S NAME:

AUXILIARY MEMBER: [] YES [] NO () NO ELIGIBILITY

CITY: _____ UNIT # _____ STATE:

LEGION MEMBER: [] YES [] NO () ELIGIBLE () NOT ELIGIBLE

VETERAN OF: [] WWI [] KOREA [] VIETNAM [] LEBANON-GRENADA [] PANAMA [] PERSIAN GULF
[] OPERATION IRAQI FREEDOM [] OPERATION ENDURING FREEDOM

CITY: _____ POST # _____ STATE:

MY S. A. L. ELIGIBILITY IS BASED ON MY: FATHER MOTHER

GRAND- () FATHER () MOTHER GREAT-GRAND- () FATHER () MOTHER { } DECEASED

VETERAN OF: WWI WWII KOREA VIETNAM LEBANON-GRENADA PANAMA PERSIAN GULF

OPERATION IRAQI FREEDOM OPERATION ENDURING FREEDOM

NAME (Other than Father / Mother):

CITY: _____ POST # _____ STATE:

ARE YOU ELIGIBLE TO BELONG TO THE LEGION:

YES () MEMBER: CITY: _____ POST # _____ STATE:

VETERAN OF: WWII KOREA VIETNAM LEBANON / GRENADA PANAMA PERSIAN GULF

OPERATION IRAQI FREEDOM OPERATION ENDURING FREEDOM

NO () However, I am a Peace Time Veteran.

APPLICANTS SIGNATURE

DATE