

## Notice

### Sons Of The American Legion

#### Scholarship Award

The American Legion Squadron 79 in Yarnell, Arizona is pleased to announce that we will be awarding a \$1,000 scholarship to a worthy applicant in 2010. This award is based solely on a student's participation in services provided to their community by being a volunteer.

The Details Are As Follows:

- 1.) The award is available only to applicants who are seniors in high school for graduating class of '2010', and who plan to attend an accredited college, junior college, trade or vocational school. Please note that correspondence schools are not eligible for this award. This award is based on service and volunteerism in the community.
- 2.) To be eligible for this award, applicants must reside in one of the following communities: Congress, Yarnell, Peoples Valley, Kirkland, Skull Valley, Wilhoit or Wagoner. A one time \$1,000 scholarship will be awarded for the student's future educational needs. Upon verification of the school selected by the recipient, a check will be issued to that institution in their name.
- 3.) Interested candidates must complete the application and the questionnaire. This information needs to be sent to the American Legion Squadron 79 in Yarnell by April 1, 2010, to receive consideration. Strong emphasis will be placed on grammar, spelling and comprehension contained in the application and in all correspondence concerning this scholarship.
- 4.) Selection of the award recipient will be made by membership of the American Legion Squadron 79 as presented by the Executive Committee at a monthly meeting scheduled for April, 2010.
- 5.) The award recipient will be contacted as soon as possible after the selection has been made.

Contact Dave White for details at:

American Legion Squadron 79  
P.O. Box 341  
Yarnell, AZ 85362-0961  
(928) 427- 3735  
or  
home - (928) 427-0004

# Sons Of The American Legion Scholarship Application

(Please type or print)

1.) Name

\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

2.) Permanent

Home Address \_\_\_\_\_

|                |           |          |
|----------------|-----------|----------|
| No. and Street | Town/City | Zip Code |
|----------------|-----------|----------|

Home Phone No. \_\_\_\_\_

3.) High School

Data

\_\_\_\_\_

|        |                   |                     |
|--------|-------------------|---------------------|
| School | Name of Principal | School Phone Number |
|--------|-------------------|---------------------|

\_\_\_\_\_

|                |           |          |
|----------------|-----------|----------|
| No. and Street | Town/City | Zip Code |
|----------------|-----------|----------|

High School Grade Point Average \_\_\_\_\_ Subjects Taken in Junior and Senior Years:

Junior

Senior

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

4.) Name of School You Plan To Attend \_\_\_\_\_

5.) Name Major Subject You Plan To Study \_\_\_\_\_

6.) Personal Data

\_\_\_\_\_

|               |                         |
|---------------|-------------------------|
| Date of Birth | Name of Parent/Guardian |
|---------------|-------------------------|

\_\_\_\_\_

|                         |                     |
|-------------------------|---------------------|
| Date of H.S. Graduation | School Phone Number |
|-------------------------|---------------------|

7.) Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sons Of The American Legion Scholarship Questionnaire

Name \_\_\_\_\_  
Last First Middle

School \_\_\_\_\_  
Name Town/City/Zip Code Counselor

- 1.) Please provide two personal character references with phone numbers from someone other than your school counselor, personal friend or relative.
- 2.) Please describe in detail your time and effort spent as a volunteer involving your community. Be specific about the activities you performed and the amount of time that you dedicated to this effort. Include the name, address and phone number of the organization or etc. that you performed services for. Please include the name of the person who supervised your activities.
- 3.) Please provide a copy of your most recent school transcript record.
- 4.) Please describe your future goals and how you plan to accomplish them.
- 5.) Please return the above information by April 1, 2010.

I, \_\_\_\_\_, Parent/Guardian of  
(Name of Parent or Guardian)

\_\_\_\_\_, have full knowledge  
(Name of Applicant)

of the applicant's submission of this application for scholarship funds and it is submitted with my consent.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date