

**American Legion Post #8
Scholarship Application**

Student's Name: _____

School attending: _____

Accepted: Yes No Major area of study: _____

Occupations interest upon graduation from post-secondary school: _____

I expect to pay for my education by:

- | | |
|-------------------------|--------------|
| Savings | Scholarships |
| Working while in school | Loan |
| Summer jobs | Grant |
| Parent's help | |

High School activities and special awards: _____

Community activities and awards: _____

In one hundred words or less indicate why you would like to be considered for this scholarship.
(use back if necessary)

I request that a copy of my transcript be released to the group or sponsoring organization of the scholarship I am applying for. This information is to be used and reviewed only by those who have direct responsibility in deciding if I am to receive the scholarship for which I am applying.

Signature

Return this form by April 1st to:
NCHS-Guidance Counselor