



THE AMERICAN LEGION  
*Department of Florida*

## GENERAL SCHOLARSHIP

### ELIGIBILITY:

1. Student must be a direct descendant (child, grandchild, great-grandchild or an adopted child) of a **veteran who meets one of the following requirements:**
  - Is a member in good standing of The American Legion
  - Is a U.S. veteran who is eligible to be a member of The American Legion
  - Is a deceased U.S. veteran who would have been eligible for membership in The American Legion
2. The student must also be in their *senior year* of a Florida high school or home school.
3. The scholarship may be used only for undergraduate study at an accredited U.S. college or university.
4. The 1<sup>st</sup> and 2<sup>nd</sup> Place winners will be invited to attend our Department Convention to receive their scholarship and award plaque. All other scholarship recipients will receive their scholarships via mail.
5. **Submissions must be TYPED:** You can download the application at [floridalegion.org/programs-services/scholarships](http://floridalegion.org/programs-services/scholarships).

### REQUIREMENTS:

Attach to this application a **PHOTOCOPY** of the veteran's Certificate of Release or Discharge from Active Duty (Form DD-214) **OR** other documents showing **time served on active military duty during eligibility period(s) as indicated on page 2 of this application.**

Attach to this application a **LETTER OF RECOMMENDATION** from your school or community.

### DEADLINE:

All applications must be **received by March 1<sup>st</sup>** of the current school year.

**\*\*Any applications received after March 1, will NOT be accepted\*\***

#### Submit Application to:

The American Legion Dept. of Florida  
Attn: Scholarships  
PO Box 547859  
Orlando, FL 32854-7859

If you have any questions, please contact Programs Director Bekki Boarman  
at 800-393-3378 ext. 235 or [programs@floridalegion.org](mailto:programs@floridalegion.org)



## Florida American Legion GENERAL SCHOLARSHIP APPLICATION

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DIRECTIONS FOR COMPLETING THIS APPLICATION: **Must be Typed.** Do not attach any documents or additional pages to this application, except as required. **All other documents or added pages will be discarded.**

FULL NAME:

MAILING ADDRESS:

CITY:

STATE: Florida

ZIP CODE:

TELEPHONE:

DATE OF BIRTH:

E-MAIL ADDRESS:

I AM THE (circle):    Child                  Grandchild                  Great-Grandchild

                                 Adopted Child      Adopted Grandchild      Adopted Great-Grandchild

OF (VETERAN'S NAME):

who served on **active duty** during one or more of the following periods of war. Check the appropriate war period:

\_\_\_\_\_ World War I - April 6, 1917 - November 11, 1918

\_\_\_\_\_ December 7, 1941 - Present

**REQUIREMENT:** Attach to this application a **PHOTOCOPY** of the veteran's Certificate of Release or Discharge Form Active Duty (Form DD-214) or other government document showing time served on active military duty during eligibility period(s) as indicated above AND your **LETTER OF RECOMMENDATION** from your school or community.

**High School Record: This section to be completed by high school official.**

**\*\*This section does NOT have to be Typed\*\***

HIGH SCHOOL: \_\_\_\_\_

UNWEIGHTED GPA: \_\_\_\_\_ WEIGHTED GPA: \_\_\_\_\_

CLASS RANK: \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_

SAT SCORE: \_\_\_\_\_ ACT SCORE: \_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

Print clearly name and title \_\_\_\_\_

**CERTIFICATION**

If I am selected as a scholarship winner, I give The American Legion Department of Florida permission to use my name and photo in announcing and promoting this scholarship program. I understand that the Department Selection Committee is solely responsible for the selection of the scholarship winners and its decision is final. I have completed the scholarship application and have attached the veteran's verification document. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. Falsification of information will result in termination of this Scholarship.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**CLUBS/ ACTIVITIES:**

Please list all clubs and activities you have participated in at school and/ or in your community. Make sure to list the number of years you have been involved in each club/ activity (Example: Band – 4 years, Cross Country – 2 years):

**OFFICES/ HONORS/ AWARDS:**

List any offices held and honors and/or awards that you have received in the clubs and activities you listed:

**APPLICATION QUESTIONS:**

**1) WHAT CAREER DO YOU PLAN ON PURSUING WHEN YOU ENTER POST-SECONDARY EDUCATION? WHY?**

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**2) WHY ARE YOU SEEKING A HIGHER EDUCATION?**

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**3) HOW WILL YOUR AREA OF STUDY CONTRIBUTE TO YOUR IMMEDIATE OR LONG-RANGE CAREER PLANS?**

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**4) DESCRIBE ANY "COMMUNITY SERVICE" ACTIVITIES YOU HAVE BEEN INVOLVED IN DURING YOUR HIGH SCHOOL CAREER.**

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**5) WHAT DO YOU CONSIDER TO BE THE SINGLE MOST IMPORTANT SOCIETAL PROBLEM? WHY?**

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**6) PICK AN EXPERIENCE FROM YOUR OWN LIFE AND EXPLAIN HOW IT HAS INFLUENCED YOUR DEVELOPMENT.**

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