

**AMERICAN LEGION AUXILIARY  
LINN COUNTY MEMORIAL UNIT NO. 538**

Linneus, Missouri 64653  
\$100.00 Scholarship  
School Year Beginning Fall 2020

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**APPLICATION FOR SCHOLARSHIP**

Section I. Information to be supplied by applicant:

Please Print Name in Full \_\_\_\_\_

First Middle name in full Last

Date of Birth \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthplace \_\_\_\_\_

Town State

Full Name of Parent or Guardian \_\_\_\_\_

Permanent Address of Parent or Guardian \_\_\_\_\_

Street or Route Town County State Zip

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Number of brothers and sisters older than you \_\_\_\_\_ younger \_\_\_\_\_

Are you the child of a veteran? \_\_\_\_\_ grandchild? \_\_\_\_\_ other? \_\_\_\_\_

In the space below or on an additional sheet, briefly summarize your school, church and community activities. List organizations of which you are a member and any office held.

**PATRIOTISM**—An ideal of loyal Americanism, religious tolerance, righteous freedom, and willingness to defend our Flag against all enemies foreign or domestic. Do you agree? \_\_\_\_\_

What college do you plan to attend? \_\_\_\_\_

Date you expect to enter: (Month and Year) \_\_\_\_\_

Do you plan to commute from home? \_\_\_\_\_ If not, where do you plan to live? \_\_\_\_\_

Please list all other scholarships, awards of financial aids for which you have applied or have been granted for the coming school year.

<u>Name of Financial Aid</u>	<u>Value</u>	<u>Has it been granted to you?</u>
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What will be your major college study and what are your educational plans?

\_\_\_\_\_  
Signature of Applicant

After you have completed your part of this application, present this to your principal or counselor for his/her certification and delivery to the scholarship selection committee.

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Section II. Information to be supplied by Principal or Counselor

This is to certify that the above applicant ranked \_\_\_\_\_ on the first six semesters of work in a class of \_\_\_\_\_ seniors. Date of high school graduation will be \_\_\_\_\_.

The applicant has taken the following college aptitude test under the Missouri Statewide Testing Program:

<u>Name of Test</u>	<u>Form No.</u>	<u>Raw Score</u>	<u>Date Tested</u>
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The committee would like a brief statement concerning your evaluation of this applicant's citizenship and worthiness for scholarship consideration. Thanks.

Date: \_\_\_\_\_

\_\_\_\_\_  
Principal or Counselor