

STATEMENT OF CONDITIONS  
OF THESE SCHOLARSHIPS

1. These scholarships shall be designated "The Scholarship Fund of the Department of Massachusetts, Inc., The American Legion".
2. The Department of Massachusetts, The American Legion, may grant ten \$1,000.00, and ten \$500.00 scholarships to be used towards the expenses of education of the child/grandchild, whose parent or grandparent is a **current** member in good standing of an American Legion Post within the Department of Massachusetts.
3. Applications shall be filed on or before **April 1, Mail to Scholarship Chairman:** Louis E Brault , 104 Johnson Rd Apt 207, Chicopee MA 01022
4. The scholarship shall be for the next school year only and limited to incoming freshmen. The scholarship committee will make its selections before June 1<sup>st</sup>.
5. Scholarship payments shall be made directly to the recipient of the scholarship in two equal payments. Payments shall be made at the beginning of each semester and will be withheld if the student fails to remain in good standing. In event of termination during school year payments must be returned to Dept. of MA., The American Legion.
6. The \$1,000.00 scholarships shall be known as:
  1. Frank R. Kelley Scholarship
  2. Robert (Sam) Murphy Scholarship
  3. H.P. Redden Scholarship
  4. Mayer/Murphy/Nee Scholarship
  5. Joseph H. Ellinwood (Nursing only)
  6. Grace Fuller Olson Scholarship
  7. Past Dept. Commanders Scholarship
  8. Daniel J. Doherty Scholarship PNC
  9. John P. "Jake" Comer Scholarship PNC
  10. Paul A Morin Scholarship PNC

APPLICATION FOR SCHOLARSHIP

If information is omitted you will be disqualified. A transcript of marks, with SAT scores and rank in class, (If available) from the Principal's office must be submitted to the Committee.  
A letter of recommendation from a school official, counselor, or teacher shall accompany this application.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Secondary School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Address \_\_\_\_\_

Name of School or College for attendance at which you desire scholarship \_\_\_\_\_

If you have worked while in Secondary School, list places employed and dates of employment:

\_\_\_\_\_  
\_\_\_\_\_

If your career goal is to be a Registered Nurse, check here (  ).

FAMILY RECORD

Legionnaire's Name \_\_\_\_\_

Relationship to above Legionnaire \_\_\_\_\_

**Submit Photostat of Legionnaire's current membership card.**

List names of members of your immediate family living at home: (Include Parents & Siblings)

Name	Age	Where employed	School Attending
			If a Student

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SAT SCORES: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

TOTAL FAMILY INCOME from all Sources ( including Child Support)

FAMILY INCOME: \_\_\_ Under \$30,000 \_\_\_ \$30-\$50,000 \_\_\_ \$50-\$70,000 \_\_\_ Over \$70,000

Achievements:

Submit on separate sheet of paper - 1 Community and Volunteer Activities; 2. School activities and Awards

STATEMENT OF APPLICANT: (Approximately 100 words) Please type.  
What is your long range goal? Why do you want to go to college?  
The above items are mere suggestions. The statement must be in your own words.

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# SCHOLARSHIP APPLICATION

2018

The American Legion

DEPARTMENT  
OF  
MASSACHUSETTS



## CHECK LIST FOR SCHOLARSHIP SUBMISSION

1. Completed application form.
  2. Letter of recommendation from your School teacher, counselor or principal.
  3. Transcript of marks from your School.
  4. Photocopy of Legionnaire's current Membership Card.
  5. Additional information regarding volunteer activities, school activities and awards.
- All information must be received by April 1st.

A TRUE STATEMENT:

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