

American Legion Auxillary

Scholarship

Point Pleasant, WV 25550

APPLICANT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

COLLEGE/UNIVERSITY ATTENDING: _____

COURSE OF STUDY YOU PLAN TO PURSUE:

NAME AND SERVICE OF QUALIFYING VETERAN, POST # AND INDICATE RELATIONSHIP TO VETERAN (I.E. FATHER/GRANDFATHER, ETC.)

LIST YOUR EXTRACURRICULAR & COMMUNITY ACTIVITIES:

GIVE A BRIEF STATEMENT AS TO WHY YOU ARE INTERESTED IN THIS SCHOLARSHIP- PERSONAL ASPIRATIONS & CAREER GOALS:

****RETURN COMPLETED APPLICATION NO LATER THAN April 1, 2019 TO: American Legion Auxillary Box 573 Point Pleasant, WV 25550***

304-675-3437