



Scholarship Application

Post 352, Somers Point, NJ

“Dedicated to the Mission”

Personal Information		
Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Date of Birth	Home Phone	Cell Phone
Education		
High School	Graduation Date	Name of Principal
Number of Students in Senior Class	HS Grade Point Average	4.0 Scale 5.0 Scale
ACT and/or SAT Score		

College/Vocational School

Name of School (If Attending)

Name
(2/4 yr college or vocational school you plan to attend)

Address
(2/4 yr college or vocational school you plan to attend)

Have you applied for admission?

Has your application been approved?

Employment Information

Are you currently employed?

Name of Employer

Address of Employer

Average hours worked per week:

Do you plan to work while in school?

Additional Requirements

Relationship to Legion Member

Name of Veteran Sponsor

Check all that apply to Sponsor:

Legionnaire Rider Auxiliary Son

Name & Address of Sponsors American Legion Post

Essay

Write an essay about a family member that served in the military and has been important in your life.
Please attach your Essay (min: 250 words, max: 650 words)

Instructions

Send Completed Application To:
LEGION RIDERS POST 352
ATTN: Scholarship Chairman
PO BOX 199
NORTHFIELD, NJ 08225-0199

If you have any questions contact: Troy Ciccone in writing at the
address above or email at alr352troy@yahoo.com

ALL APPLICATION INFORMATION IS CONFIDENTIAL

APPLICANT'S SIGNATURE (Attesting that all information in this application is true
and accurate to the best of the applicant's knowledge.

Date