

DOCTOR ALMO SEBASTIANELLI SCHOLARSHIP
Application

Name of Applicant_____DOB_____

Address_____

City/State/Zip_____Phone_____

Parent/Guardian Name(s)_____

Person through whom applicant is eligible for scholarship_____

Relation to applicant_____

Is this person deceased? YES NO *If yes, please attach a certified copy of the death certificate.*

If no, please list current PA American Legion Membership ID Number_____

Name of High School_____

Location of High School_____

Name of Band Teacher_____

Band Teacher Phone #_____ or Email_____

College/University you desire to enter_____

Location of college/university (city/state)_____

Have you been accepted for admission? YES NO Date of entry_____

Major course of study_____Number of years to complete_____

Please complete this application in its entirety and attach current high school transcript and letter of college acceptance. Return application to:

The Pennsylvania American Legion
PO Box 2324
Harrisburg, PA 17105-2324
Phone (717) 730-9100 Fax (717) 975-2836

DEADLINE DATE FOR ENTRIES IS MAY 1, 2015