

DOCTOR ALMO SEBASTIANELLI SCHOLARHIP
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, 2017