



The American Legion
Department of Pennsylvania
P.O. Box 2324
Harrisburg, PA 17105-2324
www.pa-legion.com 717-730-9100 fax 717-975-2836

Scholarship Application
Joseph P. Gavenonis
Plan I, the Four (4) Year Program

Applicant Information

Name of Applicant _____
(Last, First, Middle)

Address _____
(Street, City, State, Zip)

Phone Number _____

Place of birth _____ Date of birth _____
(City, State) (mm/dd/yy)

Social Security Number _____

Parent Name(s) _____

Member of Post # _____ in _____ for _____ years

Member ID # _____ ** Please submit copy**

Annual income of Parent(s) _____

Statement attached Yes _____ No _____ (W2 or 1040)

Brothers/Sisters (Name and Ages) _____

Scholarship Application
Joseph P. Gavenonis
Plan I, the Four (4) Year Program
Page 2

High School Information

High School Attending _____

High School Address _____
(Street, City, State, Zip)

Date of Graduation _____

Extra-Curricular Activities _____

College or University Information

College or University you desire to enter _____

Have you been accepted for admission? Yes _____ No _____

Entry Date _____ Major course of study _____

Years to Complete Degree _____

Cost per year: Tuition \$ _____ Books \$ _____

Residence \$ _____ Other \$ _____

College entrance exam taken: Yes _____ No _____ SAT Score _____

Scholarship Application
Joseph P. Gavenonis
Plan I, the Four (4) Year Program
Page 3

Financial Aid Information

PHEAA applied for: Yes _____ No _____ Amount awarded \$ _____

Do you plan to work while attending school? Yes _____ No _____

Expected income from Work \$ _____

Does applicant have a trust fund? Yes _____ No _____

If so, what amount \$ _____

Parental financial help? Yes _____ No _____ Amount per years \$ _____

Other income: _____ Amount \$ _____

The following data must accompany this application:

1. Certified Copy of death certificate (if applicable).
2. Transcript of most recent grades
3. Current American Legion membership (include copy of current card).
4. Statement of annual income of parent(s)

Signature of applicant _____ Date _____

Application deadline is May 30th
Must be postmarked no later then the above date to be accepted

Please complete application and return to: Pennsylvania American Legion
Scholarship Endowment Fund
P.O. Box 2324
Harrisburg, PA 17105-2324