Scholarship and Endowment Application Information

1. Children or Grandchildren of PA Legion members who are deceased, ICU, or MIA or has a Parent or Grandparent who has been in the military or is the military member in good standing in The American Legion are eligible.

   A. Membership in The American Legion must be documented by one of the following methods:
      - Photocopy of current membership card
      - Letter on Post stationery by Post Commander, Adjutant or Finance Officer attesting to person’s membership in good standing including length of years. If deceased, a statement that the person was a member in good standing at the time of their death.

2. If killed in action or missing in action is claimed, documentation from the U.S. Department of Defense must accompany the application.

3. No spaces on the application are to be blank. If there is no information, mark the space N/A (Not Applicable).

4. Please attach a copy of current transcript along with a copy of SAT scores. Remember, not sending a transcript and SAT scores can prevent the application from being considered.

5. Statement of parent(s) income may be a W-2 or a photocopy of the first page of a 1040 form.

6. School of choice must be entered along with full address of the school. (Attending school must be in the State of Pennsylvania).

7. Anyone wishing to apply for a scholarship allowance is required to submit an application to the Department on or before May 31, 2019 in order to receive consideration for the following September. (You must be a current senior in a Pennsylvania High School).

8. The amount of the Scholarship Grant award may vary from year to year depending upon the availability of funds and the number of awards granted by the committee.
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/yyyy)

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
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**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 _________
Financial Aid Information

PBEAA 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 _____ _____

If so, what amount $ ____________________________

Parental financial help? Yes _____ _____ 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 31, 2019
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