



# 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, 2024***