



## **The American Legion Department of Pennsylvania**

P.O. Box 2324

Harrisburg, PA 17105-2324

[www.pa-legion.com](http://www.pa-legion.com) 717-730-9100 fax 717-975-2836

### 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. Total income must be \$70,000.00 or less to be eligible. Anything over \$70,000.00 is not eligible.
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, 2025 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.



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## Scholarship Application Robert W. Valemont Plan II, the Two (2) Year Program

Applicant Information
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Name of Applicant \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_  
(Street, City, State, Zip)

Phone Number \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  
(City, State) (mmddyy)

Social Security Number \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Member of Post # \_\_\_\_\_ is \_\_\_\_\_ for \_\_\_\_\_ years

Member ID # \_\_\_\_\_ \*\* Please submit copy\*\*

Annual income of Parent(s) \_\_\_\_\_

Statement attached Yes \_\_\_\_\_ INT o \_\_\_\_\_ (W2 or 1040)

Brothers/Sisters (Name and Ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scholarship Application  
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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 \_\_\_\_\_

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Financial Aid Information
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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 \$ \_\_\_\_\_

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The following data must accompany this application:

1. Transcript of most recent grades
2. Current American Legion membership (include copy of current card).
3. Statement of annual income of parent(s)

**\*\* Please note this application is for a student who is seeking a career oriented education or training in a less than four year program in a Pennsylvania school. \*\***

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Application deadline is May 31, 2025

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