

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 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, 2021 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 Joseph P. Gavenonis Plan I, the Four (4) Year Program

Applicant Information	n			
Name of Applicant	(Last, First, Middle)			
Address	(Street, City, State, Zip)			
Phone Number				
Place of birth	(City, State)	_ Date of birth		(mmddyy)
Social Security Number				
Parent Name(s)				
Member of Post #	in		for _	years
Member ID #			** F	Please submit copy**
Annual income of Parent	(s)			
Statement attached Yes_		_ No		(W2 or 1040)
Brothers/Sisters (Name a	nd 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 en	nter			
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

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: A	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, 2021 Must be postmarked no later then the above date to be accepted					
P.O.	sylvania American Legion olarship Endowment Fund Box 2324 isburg, PA 17105-2324				