



## The American Legion, Monmouth County Executive Committee Scholarships

The completed application will qualify the applicant for the possible receipt of a \$1,000.00 or a \$500.00 Education Scholarship Award.

### RULES

1. APPLICANT MUST BE A NATURAL OR ADOPTED DESCENDANT OF A MEMBER OF THE AMERICAN LEGION, DEPARTMENT OF NEW JERSEY (son, daughter, grandson, granddaughter, etc.)
2. APPLICANT'S FORBEARER MUST BE A CURRENT MEMBER OF THE AMERICAN LEGION, DEPARTMENT OF NEW JERSEY, OR IF DECEASED, A MEMBER AT TIME OF THEIR DEATH. (FOR JOHN CASEY SCHOLARSHIP, FORBEARER MUST BE COMBAT WOUNDED).
3. APPLICANT MUST BE A MEMBER OF THE GRADUATING CLASS OF HIGH SCHOOL INCLUDING VO-TECH FOR THE YEAR 2020.
4. APPLICANT MUST USE THE AWARD THE YEAR IT IS RECEIVED. FOUR YEAR SCHOLARSHIPS TO BE COMPLETED IN FOUR CONSECUTIVE YEARS.
5. THE SCHOLARSHIP WILL BE AWARDED ON THE FOLLOWING CATEGORIES.
  - a) CHARACTER - 20% - high standards of conduct; keen sense of right; strength of character; adherence to truth and conscience and a belief in God (i.e. letter from pastor, rabbi, etc., volunteer work)
  - b) AMERICANISM/COMMUNITY SERVICE- 20% - fine ideals; love of Country; ability to accept a citizens' responsibility (e.g. Boys & Girls State, Scouting, Flag Education, Community Service, etc.)
  - c) LEADERSHIP - 20% - ability to lead and to accomplish through group action (e.g. Club/School President, Drum Major, etc.)
  - d) SCHOLARSHIP - 20% - certified transcripts since Freshman year, including all grades, GPA, class rank, SAT scores, etc.
  - e) BASIS OF NEED - 20% - actual need of financial assistance to continue their higher education. Family's annual income required. **TAX FORMS NOT REQUIRED.**
6. APPLICANT MUST FILE A QUESTIONNAIRE, PROPERLY COMPLETED AS PER ENCLOSED FORM.
7. IF THE APPLICANTS SELECTED FOR THE AWARDS FAIL TO QUALIFY FOR ADMISSION TO SUCH SCHOOL OR COLLEGE OF HIS OR HER SELECTION BY AUGUST 1, 2020. THE AWARD WILL BE FORFEITED.
8. APPLICATION TO BE SIGNED BY BOTH THE APPLICANT AND COMMANDER OF THE SPONSORING POST. APPLICATION RECEIVED BY POST 1000 SHOULD NOT BE SIGNED BY A POST COMMANDER, BUT DIRECTED TO STATE HEADQUARTERS IN TRENTON FOR THE DEPARTMENT COMMANDER'S SIGNATURE.

THE DECISION OF THE DEPARTMENT SCHOLARSHIP JUDGES IN MAKING ALL SCHOLARSHIP AWARDS IS FINAL.

NOTE: ALL LETTERS, TRANSCRIPTS, ETC. WILL BECOME THE PROPERTY OF THE AMERICAN LEGION, DEPARTMENT OF NEW JERSEY, AND WILL NOT BE RETURNED. APPLICATION AND ALL DATA MUST BE MAILED IN ONE (1) ENVELOPE TO:

**PCC Karen Scott  
401 West Sylvania Ave #27B  
Neptune, New Jersey 07753**

**POST MARKED NO LATER THAN FEBRUARY 24, 2020.**



**2020 The American Legion, Monmouth County Executive Committee Scholarships  
(1) \$1,000.00 and (1) \$500.00 Education Scholarship Award.**

1. NAME OF APPLICANT \_\_\_\_\_
  2. ADDRESS \_\_\_\_\_
  3. DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_
  4. NAME OF FOREBEARER BY WHICH APPLICANT IS ELIGIBLE \_\_\_\_\_
  5. RELATIONSHIP \_\_\_\_\_
  6. 2020 NEW JERSEY AMERICAN LEGION MEMBERSHIP CARD NO. \_\_\_\_\_
  7. IF DECEASED, CAUSE OF DEATH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_
  8. IS FOREBEARER A COMBAT WOUNDED VETERAN? YES \_\_\_\_\_ NO \_\_\_\_\_
  9. BRIEF STATEMENT OF MILITARY SERVICE AND DATES OF SERVICE: \_\_\_\_\_  
\_\_\_\_\_
  10. NUMBER OF DEPENDENT CHILDREN IN FAMILY (INCLUDING SELF) UNDER 18 YEARS \_\_\_\_\_  
OVER 18 YEARS \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_
  11. OCCUPATION OF FATHER (STEPFATHER) \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_
  12. OCCUPATION OF MOTHER (STEMOTHER) \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_
  13. GOVERNMENT COMPENSATION/PENSION RECEIVED BY PARENT AND/OR CHILDREN  
\$ \_\_\_\_\_  
COMPENSATION OR PENSION FOR APPLICANT IF MOTHER HAS REMARRIED OR IS  
DECEASED \$ \_\_\_\_\_
  14. ARE YOU ELIGIBLE FOR/OR DRAWING SOCIAL SECURITY BENEFITS? YES \_\_\_\_\_ NO \_\_\_\_\_
  15. IF SO, AMOUNT \$ \_\_\_\_\_ TIME LIMIT OF BENEFITS \_\_\_\_\_
  16. HIGH SCHOOL ATTENDING & DATE OF GRADUATION \_\_\_\_\_
  17. NAME AND LOCATION OF COLLEGE, UNIVERSITY OR SCHOOL OF HIGHER LEARNING YOU  
DESIRE TO ATTEND \_\_\_\_\_
  18. THE VOCATION YOU PLAN TO PURSUE \_\_\_\_\_
  19. ESTIMATED TOTAL ANNUAL EXPENSE FOR SCHOOL CHOSEN \$ \_\_\_\_\_
- AMERICAN LEGION POST NO. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF POST COMMANDER

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
DATE