



The American Legion Two Oaks Post 254 Scholarship



Name: _____

Address: _____

Street

City

State

Zip

Phone: _____

Email: _____

Scholarship

- The American Legion Two Oaks Post Scholarship is a \$250 scholarship intended for graduating senior from West Sioux High School. Two of these scholarships will be awarded each year.
- The scholarship is to be used to attend a school selected by the student providing it is state accredited, above the high school level, and within the continental limits of the United States.
- The scholarship is paid to the school of the recipients choose at the end of the first semester of the first year of school.

Application Process

Section 1: School Information

Grade Point Average: _____ In Upper _____ % of Class. Number in Class: _____

On **one additional page (8 1/2 x 11 inches)** list activities participated in during high school and also list awards, honors and recognition received. Please limit to one page.

Section 2: Career Interest

On **one additional page (8 1/2 x 11 inches)** list your career goals and ambitions. Please limit to one page. (May be included on same page as school activities.)

Section 3: Letter of Recommendation

A letter of recommendation from your religious leader, a teacher, school administration, a community leader or youth organization volunteer must be included. Please keep in mind that the letters of recommendation are an important part of this application and will be carefully reviewed by the selection committee. Please limit to one page.

Selection Process

- All applications must be submitted to the Post Adjutant by April 1 of the graduation year.
 - Post Adjutant: John Milroy, 1922 Ave M, Hawarden, IA 51023 Phone: 712-551-1916
- A committee consisting of the Post Commander, Post Adjutant and at least 3 members of American Legion Post will review all application in order to select recipient. Recipient will be announced at graduation.

CERTIFICATION BY APPLICANT

I certify to the accuracy of the foregoing facts. If selected, I consent to having this scholarship award publicized.

SIGNATURE OF APPLICANT: _____ DATE: _____

PARENT'S CONSENT

We hereby certify that the information on this application pertaining to our child's age and grade in school is correct. If selected, I consent to having this scholarship award publicized.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____