



Gladys M. Heintz Memorial Post 27

P.O. Box 27
Glennallen, Alaska 99588

SCHOLARSHIP APPLICATION

The American Legion Scholarship program is open to all students wishing to further their education goals.

Name of applicant _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Name of a family member (Grandparent, Parent, Siblings, Aunt or Uncle) that is a current member of the American Legion Family (Legion, Auxiliary or Sons of the American Legion) anywhere in the country. This will be verified with the national American Legion records.

_____ Unit, Post or Squadron Number _____

Address of Post _____

High School Attending _____ Grade Point Average _____

Name of College, University or Vocational Institute you plan to attend:

Address _____

The following items must be included with the application:

Sealed High School Transcript

Personal Resume

An essay of your career goals (typed, double spaced, 2 page maximum)

Please remember that the Resume and Essay are two different items.

I certify that all information reported on this application is accurate and true.

Signature of Applicant

DEADLINE: MUST BE POSTMARKED BY, April 30