

SIDNEY SONS OF THE AMERICAN LEGION

SQUADRON 217

SCHOLARSHIP FUND



APPLICATION FOR A \$500 SCHOLARSHIP

APPLICANT: COMPLETE ALL SECTIONS IN ENTIRETY AND
SIGN FULL NAME

NOTE: ALL INFORMATION WILL BE HELD IN
CONFIDENCE

MAIL COMPLETED APPLICATION TO:

**SONS OF THE AMERICAN LEGION
SQUADRON #217
1265 4th Ave.
Sidney, OH 45365**

ATTN. S.A.L. Scholarship Committee

DEADLINE FOR RECEIPT: **May 1, 2025**

ANY APPLICATIONS RECEIVED AFTER WILL NOT BE CONSIDERED

There are 9 judging criteria that is used for judging scholarships.

1. Actives in school related organizations. (e.g. Honor Society, FFA, Ecology club, Science club, Beta club, Student Council, etc.)
2. Elected leadership position in school or community related clubs or organizations.
3. Demonstrates community involvement (e.g. membership in Scouts, Civic groups or clubs, volunteer work.)
4. Grade Point Average
5. References
6. Father, Mother, Grandparents is a member of the American Legion Family.
7. Applicant is a member of the American Legion Family.
8. Essay (Explain why this scholarship is so important and needed to the applicant.)
9. Awards or Certificates received from school or community involvements.

COLLEGE FRESHMAN SCHOLARSHIP - THIS \$500 SCHOLARSHIP WILL BE AWARDED TO A HIGH SCHOOL GRADUATED SENIOR ONLY. THE \$500.00 WILL BE PAID TO THE BURSAR OF THE 2 OR 4 YEAR COLLEGE OF YOUR CHOICE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE. THE SIDNEY SONS OF THE AMERICAN, SQUADRON #217 SCHOLARSHIP COMMITTEE WILL MAKE THE FINIAL SELECTION. ALL APPLICATIONS WILL REMAIN THE PROPERTY OF THE SIDNEY SONS OF THE AMERICAN LEGION, SQUADRON #217.

This scholarship is open to senior students of Sidney High School, Lehman Catholic High School, Sidney Christian School and Fairlawn High School. Any Senior who is a member of Squad 217 are also able to apply no matter what school they attend. All forms must be mailed or brought to the Sidney Veterans' Center Home of American Legion 217 and VFW Post 4239 by May 1st, 2025 to be considered.

I. THIS SECTION IS TO BE COMPLETED BY THE APPLICANT, PLEASE PRINT OR TYPE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NAME OF HIGH SCHOOL _____

GRADE POINT AVERAGE _____ CLASS RANKING _____

II. INDICATE THE COLLEGE, UNIVERSITY, TRADE SCHOOL, OR ACCREDITED POST-HIGH SCHOOL INSTITUTION YOU PLAN TO ATTEND:

NAME _____

ADDRESS _____ STATE _____ ZIP _____

HAVE YOU APPLIED TO ANY INSTITUTION FOR A SCHOLARSHIP OR OTHER FINANCIAL AID? CIRCLE ONE YES NO

IN WHAT AMOUNT? _____ WHAT IS THE TOTAL AMOUNT OF MONEY AVAILABLE FROM ALL SOURCES YOUR FIRST YEAR? _____

III. EMPLOYMENT

CURRENT EMPLOYER _____

JOB DUTIES _____

Is Applicant a member of Post 217 American Legion Family.

YES or NO Card Number _____

IV. THIS SECTION IS TO BE FILLED IN BY PARENT, GRANDPARENT, OR GUARDIAN OF APPLICANT

FATHER, MOTHER, GRANDPARENT, OR GUARDIAN:

NAME: _____ ADDRESS: _____

MEMBER OF THE AMERICAN LEGION: YES OR NO

POST NUMBER _____ CARD NUMBER _____

OCCUPATION _____

NAME: _____ ADDRESS: _____

MEMBER OF THE AMERICAN LEGION: YES OR NO

POST NUMBER _____ CARD NUMBER: _____

OCCUPATION: _____

