

**AMERICAN LEGION AUXILIARY
POST 106
McLeansboro, Illinois**

APPLICATION FOR SCHOOL SCHOLARSHIP

Application must be submitted to the student services office at Hamilton county Senior High School.

1. Name of applicant _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number (include Area Code) _____ Date of birth _____

2. Name and Relationship of veteran by which applicant is eligible

(Attach copy of veterans Honorable Discharge DD214)

3. Name of school applicant plans to attend

Estimated Costs _____

4. Course planned to be completed within 2 years

5. Employment opportunities in occupational choice

6. Explain in your own words why you applied for this scholarship and why you selected this occupation.

7. Have you applied for/or been awarded another scholarship this year, if yes list source and amount

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Please be sure to attach other required material to the application and submit to the student services office at Hamilton County Senior High School.

Signature of applicant _____

Date _____

Approval of eligibility _____

American Legion Auxiliary Post 106
409 West Market Street
McLeansboro, IL 62859

618-643-9004