



**The American Legion
Bergen County, Department of New Jersey
Scholarship Fund**

RULES AND INSTRUCTIONS:

1. Applicant must meet all requirements listed herein.
2. Applicant must be the son or daughter (natural or adopted) or the grandson or granddaughter of a member of The American Legion, The American Legion Auxiliary or the Sons of the American Legion in Bergen County, NJ.
3. The sponsor parent or grandparent must be a paid up member for the current year, or if deceased, a member at the time of his/her death.
4. Applicant must be a senior in High School at the time of application.
5. Applicant must present proof of enrollment by Sept 30th of the current year or the award will be forfeited.
6. All of the following documents must be sent in ONE ENVELOPE prior to the deadline noted on page 2. Partial applications will not be considered.
 - a. Completed application form, signed by applicant and either the Post Commander, Squadron Commander or Unit President of the sponsoring organization.
 - b. Photo copy of parent's or grandparent's current membership card for Legion, Auxiliary or SAL. (If deceased, proof of membership at the time of death.)
 - c. A summary of School, Athletic, Community Service and other activities the applicant has participated in. (Sample enclosed.)
 - d. A brief letter from the applicant stating the reason for his/her choice of future vocation.
 - e. Letter(s) of recommendation as testimony to character, Americanism and leadership.
 - f. Transcript of grades from applicant's high school.
7. Deadline for receipt of application is the March 2012 County Meeting

**MAIL COMPLETED APPLICATION ALONG WITH ALL MATERIALS
REQUESTED IN ONE (1) ENVELOPE TO:**

The American Legion, Bergen County
C/O John Santaella
154 Pinewood Place
Teaneck, NJ 07666



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THE AMERICAN LEGION, BERGEN COUNTY SCHOLARSHIP FUND

APPLICATION FORM

APPLICANT INFORMATION:

Name: _____ Phone # _____

Address: _____

Date of birth: _____ Name of High School: _____

Name of school(s) you are applying to: _____

Name of parent other than member/sponsor below: _____

MEMBER/SPONSOR INFORMATION

Sponsor Parent/Grandparent's name: _____

Membership # _____ and indicate the sponsor organization below:

American Legion Post # _____ Auxiliary Unit # _____ SAL Squadron # _____

(If deceased, date of death: _____ and remember to include proof of membership)

Signature of applicant

Date

Signature of Commander or President

Date

THE AMERICAN LEGION, BERGEN COUNTY SCHOLARSHIP FUND

SUMMARY OF ACTIVITIES

SCHOOL ACTIVITIES, CLUBS, ETC:

ATHLETIC ACTIVITIES:

COMMUNITY SERVICE:

OTHER: