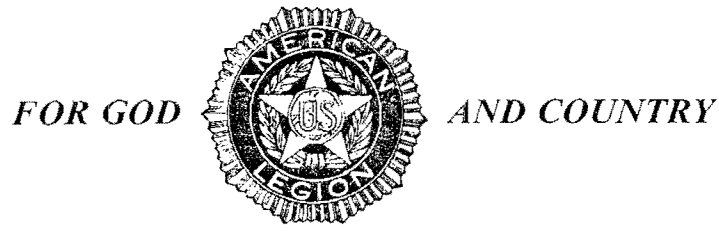


MAYWOOD AMERICAN LEGION POST No. 142



135 E. PASSAIC STREET • MAYWOOD, NJ 07607

SCHOLARSHIP AWARD APPLICATION

NAME _____ PHONE NO. _____

ADDRESS _____ MAYWOOD, NEW JERSEY
(Street and No.)

Is father living? _____ Is mother living? _____

Applicant lives with (check all that apply):

____ Father ____ Stepfather ____ Male Guardian
____ Mother ____ Stepmother ____ Female Guardian
____ Other Explain _____

Father or Male Guardian

Mother or Female Guardian

Name

Employer
Nature of
Business

Position
Years with firm

List below all dependents receiving financial support from family:
(List applicant first).

| Name | Age | Relationship | Occupation or Grade |
|------|-----|--------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you been approved for Federal Aid? _____
If so enclose document.

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| | | | |
| | | | |
| | | | |
| | | | |

Have you been approved for Federal Aid? _____
If so enclose document.

List all schools to which you have received an acceptance:

Name the school you will be attending next year:

What career are you planning? _____

Why? _____

S.A.T. score, if known: _____

Have high school transcript accompany application, or have school forward it under Separate cover.

List all scholarships for which you have applied and amounts received if any:

What work experience (part-time or summer) have you had during the past two years?

Date of Employment

Name of Firm

Nature of Work

Explain reasons for applying for this scholarship and any circumstances which the Committee should take into consideration when reviewing your application. (additional Sheet may be used if more space is needed.)

SPECIAL HONORS OR AWARDS RECEIVED:

SCHOOL ACTIVITIES: (include sports)

COMMUNITY SERVICE:

Attended Girls or Boys State? _____

Are you an Eagle Scout or Equivalent? _____

Is your father or grandfather a legion member? _____ What Post # _____

| | | |
|------------------|----------------------------------|----------|
| ESTIMATED COSTS: | Tuition per year | \$ _____ |
| | Room & Board per year | _____ |
| | Estimated travel costs per year | _____ |
| | College fees and yearly expenses | _____ |
| | Total estimated costs | \$ _____ |

I hereby certify that the information provided herein to be true and correct.

Date

Signature of Applicant