Dear Applicant,

American Legion Post 142 is pleased to announce the granting of a scholarship in the amount of $1500 for this scholastic year. This scholarship will be awarded on the basis of academic achievement and need to high school seniors who have been accepted at an approved college.

ELIGIBILITY

Residence: Candidates must reside in the corporate limits of the borough of Maywood or be a son, grandson, daughter or granddaughter of a member of American Legion Post 142

Educational Requirements: Bona fide graduate of any private or public school.

Merit Standards: Financial need, citizenship, community service, personality, leadership, resourcefulness, patriotism and general worthiness are the criteria by which these young applicants will be judged. Candidates must have taken part in extra-curricula activities at school. The applicant's personality should be pleasing and well rounded.

APPLICATION

The Scholarship Committee provides the applications which must be filled out completely. High School transcripts must accompany the application. A letter of endorsement from the guidance counselor of the applicant's school stating that he or she has reviewed the application, although not mandatory, would be helpful.

DEADLINE: Applications must be received by the last Tuesday in May of this year.

Send applications to Maywood Post 142, Scholarship Chairman, P.O. Box 35, Maywood, NJ 07607
MAYWOOD AMERICAN LEGION POST No. 142

FOR GOD AND COUNTRY

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).

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<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Occupation or Grade</th>
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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?

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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