



33 W. Passaic Street
Rochelle Park, N.J. 07662
www.alpost170.us

**American Legion Post 170 Family (Post, Auxiliary, SAL and Riders
Scholarship**

- 1- 4 Year Scholarship, \$ 1000 per year
- 1 -1 Year Scholarships, \$ 1500 per year
- 1-1 Year Scholarship, \$ 1,000 per year
- 1-1 Year Scholarship, \$ 750 per year
- 2-1 Year Scholarships, \$ 500 per year

Requirements:

1. Must be either a resident of Rochelle Park, or a descendent of a member of American Legion Post 170, Unit 170, Riders 170 or SAL 170 or a member of the 170 family.
2. Must be a senior in high school planning to attend an institution of higher learning.
3. Letter(s) of Recommendation (examples: from teacher, religious leader, principal, etc...) must accompany application.
4. Essay of 500 words on: "Why I Want to Further My Education" must accompany the completed application.
5. A transcript of grades and SAT scores must accompany the completed application.
6. Applications are awarded points as follows 30 points Compositions, 20 points Community activities, 10 points Letters of recommendation, 10 points Other activities, 10 points GPA, 10 points SAT or ACT score, 5 points Relative of Post 170 family member, 5 points for being a post 170 family member for 2 years or more.
7. Any questions contact Bob Salvini (bobsalvini@att.net), or 201-368-3453
8. All items must be submitted, with completed application, no later than April 15th to:
Post 170 Family Scholarship Chair
American Legion Post 170
33 W. Passaic Street
Rochelle Park, N.J. 07662



AMERICAN LEGION
 33 W. Passaic Street
 Rochelle Park, N.J. 07662
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Post 170 Family Scholarship (Post, Auxiliary, SAL and Riders)

PLEASE READ THE SEPARATE LIST OF REQUIREMENTS AND FOLLOW THE INSTRUCTIONS. ALL DOCUMENTS MUST BE RECEIVED TOGETHER NO LATER THAN APRIL 15TH.

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOOLS ATTENDED:

ELEMENTARY _____ DATE GRADUATED _____

JUNIOR HIGH _____ DATE GRADUATED _____

HIGH SCHOOL _____ DATE GRADUATED _____

LIST SCHOOL AND COMMUNITY ACTIVITIES (if necessary attach a separate piece of paper):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FATHER'S FULL NAME _____ LIVING: YES ___ NO ___

MOTHER'S FULL NAME _____ LIVING: YES ___ NO ___

Relative of Post 170 Family Member Yes or No Name _____

I am a Post 170 Family member yes or no for _____ years. Membership Number _____

NAME OF COLLEGE, UNIVERSITY OR INSTITUTION YOU ARE APPLYING TO:

HAS APPLICATION BEEN SUBMITTED? _____ ACCEPTED? _____

STUDENT SIGNATURE _____ DATE _____