THE AMERICAN LEGION DEPARTMENT OF MISSOURI

**SCHOLARSHIP AWARD APPLICATION**

***Charles L. Bacon Memorial Scholarship***

(Must be typewritten or printed legibly)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of applicant | | |  | | | | | |
| Complete Address | | |  | | | | | |
| Phone # Home | ( ) | | | | Work | ( ) | | |
| Date of Birth | |  | | Graduation Date |  | | SAT/ACT Score |  |

This application is based on the membership of The American Legion Family, i.e., Legion Member, Auxiliary Member,

Sons of The American Legion Member, or a **descendant\*** of any member thereof.

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Legion Family Members Full Name Membership Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| American Legion Post Number or | Legion Auxiliary Unit Number or | | S.A.L. Squadron Number |
| Family combined gross annual income | |  | |
| Number of children under 18 in the family | |  | |
| Name and complete address of High School | |  | |

**Applicant's signature certifies that he / she understands scholarship eligibility requirements and will adhere to its conditions.**

**Applicant's signature certifies that he / she is not related to any member of the reviewing Education and Scholarship Committee;** **A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, John Buckwalter, or Albert Jackson.**

**Applicant's signature grants The American Legion Department of Missouri the right to use applicant's name and / or likeness to publicize the Scholarship Program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant’s signature***

**This application for scholarship aid is being submitted with my knowledge and approval.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ***Signature of Parent / Guardian***

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068

Letter will notify recipients after July 1, 2024.

Completed application should be mailed no later than April 20, 2024 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

**Charles L. Bacon Memorial Scholarship - Two recipients $750.00 each.**

The $750.00 scholarship award will be paid at the beginning of the student’s first semester at their college of choice.  Registrar’s certification of enrollment is required before payment will be made.  A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school.

**Basis for Eligibility**:

1. Must be a member of The American Legion Family, i.e., Legion Member, Auxiliary Member,

S.A.L. Member, or a descendant\* of any member thereof.

2. Be a resident of the state of Missouri.

3. An unmarried dependent under the age of 21.

4. Must be attending an accredited college / university as a full-time student.

5. Consideration for scholarship will be determined annually for high school graduates in NEED of

financial aid to attend a college / university.

6. Scholarship must be used the first fall semester of a college / university following graduation from

high school.

**(\*) DEFINITION OF "DESCENDANT":** Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veteran’s home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at *www.missourilegion.org*