THE AMERICAN LEGION DEPARTMENT OF MISSOURI

**SCHOLARSHIP AWARD APPLICATION**

***MO Detachment, Sons of the American Legion Scholarship***

(Must be typewritten or printed legibly)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name of applicant | | |  | | | | | | | |
| Complete Address | | |  | | | | | | | |
| Phone # Home | ( ) | | | | | | Work | ( ) | | |
| Date of Birth | |  | | Graduation Date | | |  | | SAT/ACT Score |  |
| Applicant Membership Number ( ) SAL or ( )Junior Auxiliary | | | | | Membership ID Number | | | |  | |
| Family combined gross annual income | | | | | |  | | | | |
| Number of children under 18 in the family | | | | | |  | | | | |
| Name and complete address of High School | | | | | |  | | | | |

What school and community activities do you or have you participated in? Attach an additional sheet.

Attach an essay outlining what being a member of the American Legion Family means to you.

**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, Robert “Bob” Maddox, or Thomas Tanner.**

**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, 2025.

Completed application should be mailed no later than April 20, 2025 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.

**MO Detachment, Sons of the American Legion Scholarship – One Award of $500.00 .**

The $500.00 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. One student who is a member of the Sons of the American Legion or the Junior Auxiliary of the American Legion.
2. Must attach a copy of most recent High School transcript
3. Must attach an essay on the topic “What being a member of the American Legion Family Means to me.
4. Be a resident of the state of Missouri.
5. An unmarried dependent under the age of 21.
6. Must be attending an accredited college / university as a full-time student.
7. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
8. Scholarship must be used the first fall semester of a college / university following graduation from high school.

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