

Ben J. Seifert American Legion Scholarship Application

1. Applicant Name: _____	Last	First	Middle
2. Home Address: _____	Street/PO Box	City	Zip Code
3. Applicant Birth date: _____	Email: _____		

4. Name of person who qualifies you for this Scholarship: _____
Relationship to you: _____
Branch of Service: _____
Dates of Service: _____

5. List name, age, grade (if applicable) of siblings.	
A. _____	E. _____
B. _____	F. _____
C. _____	G. _____
D. _____	H. _____

6. Schooling Major/Minor (A) and/or planned career/job title (B):	
A. _____	
B. _____	
7. Educational Institutions you have applied to:	Accepted (Yes/No)
A. _____	_____
B. _____	_____
C. _____	_____
8. Estimated annual educational cost for first year (tuition/fees/room/board/supplies):	\$ _____

9. Do you own a vehicle?
YES NO
Make _____
Model _____
Year _____
\$ _____ Monthly payment
_____ Months left to pay

10. Were you employed during this past year? YES NO

(Employer's name)
\$ _____
(Average weekly income)

13. Please write and attach to this application, a personal biography giving any additional information which will enable the committee to better evaluate your qualifications and financial need. Please state what your educational goals are, what you have done or plan to do for yourself to reach your goals, and what financial aid is needed to assist you in reaching your goals. No other references or materials are needed.
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11. Full award of the scholarship will be made if the applicant: 1. is enrolled in accredited school and 2. maintains passing grades. I agree to forfeit any unpaid amounts of the scholarship should I not fulfill these two requirements. Scholarships are sent directly to your schools financial aid officer.
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12. School Official to fill in Scholastic Average (GPA):
_____ GPA _____
(signature of School Official)

14. I hereby certify that the information I have provided on this application form is, to my knowledge, complete and accurate.

Applicant signature/date