

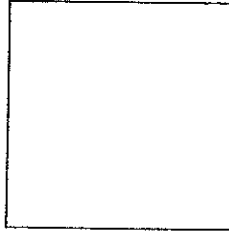
Perry Memorial



Adams Scholarship

1. Section I should be complete by the Applicant.
2. Section II must be signed by the high school principal or designated representative. (If refused, a member of American Legion Post 92 may make the recommendation)
3. A transcript of grades, including ACT/SAT test scores must be attached and include the first semester of the senior year.
4. Section III must be completed by the applicant's parent or legal guardian. (All information will be held in strict confidence.)
5. Mail complete application and attachments to:
American Legion Post 92
10 S. Washington St.
P.O. BOX 2
Utica, Ohio 43080
6. Application must be received with transcript of grades no later than April 1!

Perry Memorial



Adams Scholarship

Please read attached instructions before completing the application.

I. THIS SECTION IS TO BE COMPLETED BY THE STUDENT APPLICANT.

Full Name:	Age	Date of Birth
Current Address – Street, City and Zip Code		
High School	Social Security Number	
Name and Address of Post-High School institution you plan to attend:	Have you been accepted? Y N	
Occupational Ambition:		
Extra curricular and outside interests, teams, clubs, etc...:		
I herewith submit this application for scholarship to American Legion Post 92 and authorize the use of my name with publicity releases should I be selected a recipient or alternate.		
Signature _____		
Date _____		

II. THIS SECTION TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR DESIGNATED REPRESENTATIVE.

I believe the above named student of this high school capable of satisfactorily completing the educational program indicated following anticipated graduation at the conclusion of this school year and recommend him/her for financial assistance.	
Signature _____	Date _____
Title _____	
Please attach a transcript of grades, including first semester of the senior year and ACT/SAT test scores	

III. THIS SECTION TO BE COMPLETED BY A PARENT OR GUARDIAN OF THE APPLICANT.

Father		Mother	
Name _____		Name _____	
Address _____		Address _____	
Is either parent a veteran?			
If yes, dates of active duty military service: _____			
Financial Situation			
Place of employment	Occupation	Annual Earnings	
Father _____	_____	_____	
Mother _____	_____	_____	
Give that amounts and sources of all other income received, such as VA benefits, insurance, Social Security, estates, etc...: _____			
Do you own or rent your home? Own Rent	If buying, what are the monthly payments?	Number of payments remaining?	
_____	_____	_____	
First name and ages of dependent children in the household, other than the applicant: _____			
I attest that the information provided herein is true and accurate to the best of my knowledge.			
Signature _____		Date _____	