

THE AMERICAN LEGION CROTEAU-COUTTS POST 24 LINWOOD CROTEAU MEMORIAL SCHOLARSHIP APPLICATION

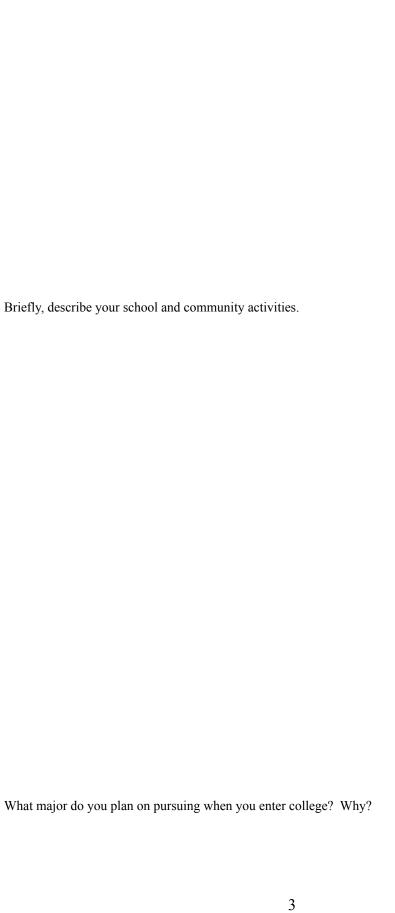
SCHOLARSHIP APPLYING FOR: Resident Post 24 Legacy City State Zip Telephone () _____ Date of Birth Month____ Day Year I am the child, stepchild or grandchild of (Post 24 member in good standing's (Use if applying for Legacy Scholarship) **Academic Record** If you are enrolled in an institution of higher education, attach a copy of your most recent grade report or if you are enrolled in high school, this section is to be completed by a high school official. The selection committee must see satisfactory progress toward your degree. High school enrollment Number of students in applicant's class Cumulative Grade Point Average (GPA) _____ GPA scale is ____ (i.e. 4 point, 6 point, etc.) Class Rank _____ High School Graduation Date _____ Are you home schooled? _____ SAT Scores Math _____ Verbal ____ Written ____ Total ____ and/or ACT Score _____ ____ Date ____ Signature Type/print name and title Affix school stamp or seal **For Official Use Only** GPA Class Rank SAT/ACT Score

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FINANCIAL INFORMATION:

Expected Family Contribution **(EFC)**: After submitting your "Free Application for Federal Student Aid" (FAFSA) you will receive a Student Aid Report. The Student Aid Report (SAR) will list your Expected Family Contribution. Or to find EFC go on-line at: www.finaid.org "click" on Calculators and use "Federal Methodology."

What is your EFC? \$	<u> </u>		
Estimated cost of one	e year of college:		
Tuition:	\$		
Room & Board:	\$		
Textbooks:	\$		
Fees:	\$		
Supplies:	\$		
Equipment:	\$		
TOTAL:	\$		
Father's name, if living	ng and occupation:		
Mother's name, if liv List brothers and/or s NAME		AGE	
Does anyone, living i	n your home, require consta	ant medical care? Yes N	NO If yes how many?
Briefly describe cons	tant medical care needed.		
Do you have a part ti	me job? If yes, describe.		



What college or university do you want to attend? Why?
Describe activities that would provide examples of your leadership skills/ability.
CERTIFICATION If I am selected as a scholarship winner and in consideration thereof, I understand, agree and hereby grant

application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning me enrollment status, academic standing and financial need to

permission to The American Legion to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the Post 24 Selection Committee is solely responsible for

the selection of the scholarship winners and its decision is final. I have completed the scholarship

certify that th	In Legion for use in administering my scholarship award. In submitting this application, I the information is complete and accurate to the best of my knowledge. I understand and agree attion of information will result in termination of this scholarship.
	Student's Signature Date
hereby grant promoting th responsible f the scholarsh higher educa standing and In submitting	s selected as a scholarship winner and in consideration thereof, we understand, agree and permission to The American Legion to use my child's likeness and name in announcing and his scholarship program. I understand and agree that the Post 24 Selection Committee is solely for the selection of the scholarship winners and its decision is final. My child has completed hip application and has attached the required documents. I grant permission to the school of atton my child attends to release information concerning my child's enrollment status, academic financial need to The American Legion for use in administering my child's scholarship award. In this application, I certify that the information is complete and accurate to the best of my I understand and agree that, falsification of information will result in termination of this
	Date /Guardian Signature
Croteau-Co	eted application postmarked not later than 15 June 2019 to: The American Legion, utts Post 24, Attn: Linwood Croteau Memorial Scholarship, PO Box 24, th, NH 03455
The Rules	and Conditions under which the scholarships are awarded and the program administered shall be
1.	Those eligible to apply for the Marlborough scholarship shall be the child/children, step-child/children, or legally adopted child/children of a current Marlborough resident. Those eligible to apply for the Legacy scholarship shall be the child/children, step-child/children, or grandchild/grandchildren of a member in good standing of Post 24.
2. 3.	Must be a high school senior or graduate to apply for the scholarship. The Linwood Croteau Memorial Scholarship is for undergraduate study at an accredited institution of
4.	higher education within the United States. The scholarship funds may only be used to defray necessary costs of the student's education (i.e. tuition, room & board, books & supplies, fees and equipment required by the student's particular course of study or school.
5. 6.	The scholarship recipient may reapply for the scholarship annually. Scholarship checks will be issued upon receipt of proof of successful completion of a semester of course work.
Revised 01/08	3/2019