



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

SCHOLARSHIP APPLYING FOR:

Resident
Post 24 Legacy

Name _____

Address _____

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 name) _____

(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 _____

Signature _____ Date _____ **Type/print name and title**
Affix school stamp or seal

For Official Use Only

GPA _____ **Class Rank** _____ **SAT/ACT Score** _____

Total _____ **EFC** _____

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? \$ _____

Estimated cost of one year of college:

Tuition: \$ _____

Room & Board: \$ _____

Textbooks: \$ _____

Fees: \$ _____

Supplies: \$ _____

Equipment: \$ _____

TOTAL: \$ _____

Father’s name, if living and occupation:

Mother’s name, if living and occupation:

List brothers and/or sisters and their ages.

NAME

AGE

Does anyone, living in your home, require constant medical care? Yes ___ NO ___ If yes how many? ____

Briefly describe constant medical care needed.

Do you have a part time job? If yes, describe.

Briefly, describe your school and community activities.

What major do you plan on pursuing when you enter college? Why?

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 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 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 The American Legion for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of this scholarship.

Student's Signature

Date _____

If my child is selected as a scholarship winner and in consideration thereof, we understand, agree and hereby grant permission to The American Legion to use my child's 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. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to The American Legion for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of this scholarship.

Parents/Guardian Signature

Date _____

Mail completed application postmarked not later than 15 June 2021 to: The American Legion, Croteau-Coutts-Ford Post 24, Attn: Linwood Croteau Memorial Scholarship, PO Box 24, Marlborough, 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. Must be a high school senior or graduate to apply for the scholarship.
3. The Linwood Croteau Memorial Scholarship is for undergraduate study at an accredited institution of higher education within the United States.
4. 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. The scholarship recipient may reapply for the scholarship annually.
6. Scholarship checks will be issued upon receipt of proof of successful completion of a semester of course work.