

**American Legion Post 149 Pickens County
Student Scholarship Application**

Name _____

Address _____

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Contact _____

Cell phone **email** **Home phone or parent
cell**

**Military Family
Member** _____

Branch of service **Dates of service** **Relationship to
you**

**Parent or
Guardian** _____

Cell phone **email**

**School you will be
attending** _____

**Have you been
accepted?** _____

**Signature and
date** _____

**Parent signature and
date** _____

Describe your education and career goals

Work and Volunteer experience

Describe your family members service and how it impacted your life
