

2025
AMERICAN LEGION
DEPARTMENT OF OHIO
SCHOLARSHIP



APPLICATION FOR SCHOLARSHIP

APPLICANT: Failure to complete all questions and to submit **ALL** required documentation will disqualify applicant.

Mail completed application to: The American Legion
Department of Ohio
Attn: Scholarship Committee
P.O. Box 8007
Delaware, OH 43015-8007

DEADLINE FOR RECEIPT: APRIL 15

AMERICAN LEGION DEPARTMENT OF OHIO SCHOLARSHIP APPLICATION

(Please print clearly)

PERSONAL INFORMATION:

Full Name	Age	Date of Birth	Place of Birth
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Current Address: Street, City, Zip _____ County of Residence: _____

Employment during the past year:	Employer	Occupation	Income Earned
_____	_____	_____	_____

Mark each that you have participated in:

<input type="checkbox"/> American Legion Buckeye Boys State	<input type="checkbox"/> American Legion Americanism & Government Test
<input type="checkbox"/> American Legion Auxiliary Buckeye Girls State	<input type="checkbox"/> American Legion Oratorical Contest
<input type="checkbox"/> American Legion Baseball	<input type="checkbox"/> American Legion Jr. Shooting Sports
<input type="checkbox"/> Sons of the American Legion/ Auxiliary Member	

Have you participated or accomplished the following:

<input type="checkbox"/> Scouting	<input type="checkbox"/> Eagle Scout (boy scouts) Den/Pack Number _____	<input type="checkbox"/> Gold Award (girl scouts) Troop Number _____
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ACADEMIC ACHIEVEMENTS, HONORS AND AWARDS:

Attach as a **separate document**, academic achievements, honors and awards received. Statement shall be typed in a 12-pt. font and double spaced. *REQUIRED*

FINANCIAL:

List all dependent siblings, by age, under 18, that reside in the same household, other than applicant:

How do you plan to finance your education? (Loans, Plus Loans, grants, scholarships, work part-time, etc...?)

Father's annual income: _____ Occupation: _____

Mother's annual income: _____ Occupation: _____

Have you received a previous Ohio American Legion Scholarship award? Yes No

Amount: _____ Year: _____

REQUIRED DOCUMENTATION:

The following information is required for **ALL** scholarships, unless noted. Failure to complete all questions and to submit **ALL** required documentation will disqualify applicant.

Are you currently taking post-secondary courses at an institution of higher learning? Yes No

Name of university, college, etc.: _____

If not taking post-secondary courses, name of institution of higher learning you are planning to attend:

Name of university, college, etc.: _____

Have you been accepted? Yes No

Are you a direct descendent of a current or deceased member of the American Legion? Yes No

Name of American Legion member: _____ Relationship: _____

American Legion membership card #: _____ Post # _____

Name of deceased Legion member: _____ Relationship: _____

REQUIRED DOCUMENTATION:

1. Attach a copy of American Legion member's **current** membership year card or
2. Attach a letter from the Commander of a deceased American Legion member's Post attesting to the veteran's membership at time of death. Member must have been in "good-standing" at time of death.
3. Attach copies of birth certificates, which includes the names of parents, spouses, etc., required to establish a descendent relationship. If student is a great-grandchild, birth certificates back to grandparents are required. Copies of marriage certificates will be required in cases of stepchildren. Copies of adoption paperwork will be required in cases of adoption.
4. Include an original high school and college (if taking college courses) transcript in a sealed envelope showing a GPA of 3.5 (3.0 For Veterans) or higher AND an ACT score of 25 (23 For Veterans) or higher.
5. Include a statement from university, college, etc., showing admission as a student.
6. Attach a copy of DD214, Report of Separation from military service showing year discharged. (Legion member scholarship only)
7. If currently on active duty, attach a copy of military identification card. (Legion member scholarship only)

PERSONAL STATEMENT/CAREER OBJECTIVE:

Attach as a **separate document**, a Personal Statement regarding your career objectives. Statement shall be typed using a 12-pt. font and double spaced, containing a minimum of 400 words and a maximum of 500 words. *REQUIRED*

VOLUNTEERING:

Attach as a **separate document**, a list of your volunteering opportunities. Statement shall be typed in a 12-pt. font and double spaced. *REQUIRED*

SCHOLARSHIP AWARD CATEGORIES:

Complete **EACH APPLICABLE AWARD** application for which you feel you are qualified:

A. HIGH SCHOOL AWARD (MUST BE OHIO RESIDENT)

Are you a high school, home schooled or online senior? Yes No

Name of high school attending: _____

Home schooled: Online:

B. COLLEGE, UNIVERSITY AWARD (MUST BE OHIO RESIDENT)

Institution of higher learning currently attending:

Name: _____

Year of study: Freshman Sophomore Junior Senior Postgraduate

Major: _____

C. DONALD L. LANTHORN AWARD (RESTRICTED TO HIGH SCHOOL, HOME SCHOOLED OR ONLINE STUDENTS RESIDING IN DELAWARE, KNOX, LICKING, MADISON, MARION, MORROW OR UNION COUNTY)

Are you a high school, home schooled or online senior residing in Delaware, Knox, Licking, Madison, Marion, Morrow or Union County?

Yes No Home schooled: Online:

Name of high school attending: _____

D. DURWARD I. BERNHARD AWARD (RESTRICTED TO HIGH SCHOOL, HOME SCHOOLED, ONLINE STUDENTS OR VETERANS RESIDING IN BELMONT COUNTY)

Are you a high school, home schooled, online senior or a veteran residing in Belmont County? Yes No

Home schooled: Online: Veteran: If a veteran, also complete application for veteran

Name of high school attending: _____

E. AMERICAN LEGION MEMBER / MILITARY VETERAN

Are you a member of the American Legion? Yes No

American Legion membership card #: _____ Post # _____

Are you an honorably discharged member of the Armed Forces attending an institution of higher learning?

Yes No Year discharged: _____

Are you currently on active duty or a member of the National Guard or Reserves attending an institution of higher learning?

Yes No Active duty: National Guard: Reserves:

Name of university, college, etc.: _____

Year of study: Freshman Sophomore Junior Senior Postgraduate

Major: _____

Are you currently using one of the following benefits?

ONGSP Vocational Rehab GI Bill

APPROVAL:

I have read all instructions on this form. The information and statements are correct and true to the best of my knowledge and belief.

Signature of Applicant: _____

Telephone #: _____

E-mail address: _____

Date: _____

If applicant is under 18, Signature of Parent or Legal Guardian: _____

Relationship to minor: _____

Telephone #: _____

E-mail address: _____

Date: _____

Signature of American Legion Member (if not applicant): _____

Telephone #: _____

E-mail address: _____

Date: _____