

Application for American Legion Boys State Scholarship

Name of Applicant: _____

Home Address: _____

City, State Zip: _____

Phone Number: _____

High School Name: _____

Address: _____

City, State, Zip _____

Parent(s) Income: _____

List activities and positions of leadership: including honors, Scholarships, or awards you have won. You may attach a resume.

University/College you wish to Attend (Please see attached listing of Universities.)

Please attach the following documents and bring with you and turn into your counselor

Small Photo _____ Transcript _____ ACT _____

Letters of Reference _____ GPA _____