



THE AMERICAN LEGION -DEPARTMENT OF VERMONT

BASEBALL PROGAM SCHOLARSHIP APPLICATION

1. NAME/ADDRESS:

Last Name	First Name	Middle Initial
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Street

City/State/Zip

2. LAST (4) SOCIAL SECURITY NO: ____ _ 3. TEL. NO: _____

4. DATE OF BIRTH: _____ 5. YEAR OF GRADUATION: _____

6. NAME AND ADDRESS OF HIGH SCHOOL NOW ATTENDING:

7. FAMILY:

Fathers Name: _____ Mothers Name: _____

Occupation: _____ Occupation: _____

Brothers/Sisters: _____ # College Students: _____

8. PLEASE LIST HIGH SCHOOL OFFICES YOU HAVE HELD: Use attachment if necessary

9. PLEASE LIST SCHOOL ACTIVITIES AND SPORTS IN WHICH YOU HAVE PARTICIPATED:

10. NAME & ADDRESS OF THE COLLEGE/UNIVERSITY YOU WILL BE ATTENDING IN THE FALL (IF KNOWN).

MAJOR: _____

11. PLEASE WRITE A PARAGRAPH ON WHY YOU WANT TO ATTEND THIS COLLEGE/ UNIVERSITY. (Use Separate Sheet)

* Complete ALL sections of this application. Attach transcript and letters of recommendation. Incomplete information will result in applicant **not** being considered for one of our scholarships. (Use additional sheets as necessary.) **Must have Recommendations from your Legion Coach, and a School teacher, or such.** You may also have other recommendations.

SIGNATURE OF STUDENT: _____ DATE: _____

**MUST SUBMIT BEFORE JULY 15TH, 2017 MAIL TO: Scott Stevens
188 Station Rd, Mt Holly VT 05758**