



**THE AMERICAN LEGION -DEPARTMENT OF VERMONT**  
**BASEBALL PROGAM SCHOLARSHIP APPLICATION**

1. NAME/ADDRESS:

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
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**Street**

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**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:

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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

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

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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 15<sup>TH</sup>, 2017 MAIL TO: Scott Stevens

188 Station Rd, Mt Holly VT 05758