SONS OF THE AMERICAN LEGION, DETACHMENT OF WISCONSIN

THE WISCONSIN DETACHMENT S.A.L. SCHOLARSHIP APPLICATION FORM

PERSONAL DATA: Print or Type DATE _____

Name_____
Last First Middle

Home Address _____
No. Street City State & Zip

Phone _____ Birthday _____
Area Number Month Day Year

Squadron Membership # _____ Squadron # _____

Name of Parent or Guardian _____
Last First Initial

Address_____
No. Street City State & Zip

FINANCIAL DATA

Upon which parent or person are you dependent for family income?

FATHER _____MOTHER _____BOTH _____OTHER _____NONE _____

Do you have a savings you can use for college expenses?
YES _____ NO _____ How much is Available $ _____

Will you be completely dependent upon your own financial efforts
for college? YES ___ NO ___Are you employed? _____
Kind of employment_____
Estimate education cost per year $ _____
Family contributions per year $ _____

Will you, if no scholarship is available, still be able to attend college? YES ___NO _____

Name of school you attend/plan to attend _____

Have you been accepted? _____Course of study_____

ADDITIONAL DATA REQUIRED
Your Application MUST be Accompanied By:

1. A Certified Transcript of High School Grades.
2. A Letter of Recommendation, written by a High School Official; Preferably Administration or Guidance Personnel
3. Not less than a 100 word essay