



MAIL TO:

THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE
121 South Fruit St
CONCORD NH 03301

ALBERT T. MARCOUX MEMORIAL SCHOLARSHIP APPLICATION

\$2000.00

Please provide the following information:

NAME (LAST) (FIRST) (MIDDLE INIT.) (AGE)

ADDRESS (STREET OR P.O. BOX) (CITY, STATE, ZIP CODE)

TELEPHONE RESIDENT OF NEW HAMPSHIRE YEARS

NAME OF PARENT OR GUARDIAN YOU LIVE WITH

EMPLOYER & EMPLOYMENT FATHER MOTHER

TOTAL HOUSEHOLD INCOME BEFORE DEDUCTIONS \$

NUMBER OF YOUNGER CHILDREN IN YOUR FAMILY
NUMBER OF FAMILY IN COLLEGE OR POST SECONDARY SCHOOL NEXT YEAR

Table with 2 columns: COLLEGE EXPENSES and ANTICIPATED RESOURCES. Rows include Tuition and Fees, Room and Board, Books and Supplies, Personal, Travel/Commuting, Others, Parents Contributions, Scholarship & Grants, Your Contribution, College Work Study, Other (Specify).

- ** APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION
1 A photo copy of your mother or father's LEGION or AUXILIARY current membership card.
2 Evidence of acceptance to an accredited four (4) year college or university leading to a Bachelors Degree.
3 A resume to include such information as educational background, all school and outside activities, and other information you feel is important.
4 Brief narrative of explanation of intended vocation to be pursued.
5 A transcript of high school grades for Junior and Senior years, showing at least a "B" average.
6 At least two (2) letters of endorsement, (i.e. Teachers, Principal or other prominent members of your community).

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Students Signature

Parent or Guardian Signature

Scholarship for applicant entering first year of a four (4) year college or university leading to a Bachelors degree and has been a resident of New Hampshire at least three (3) years.

** APPLICATION MUST BE RECEIVED NO LATER THAN MAY 1st