

TO : APPLICANT  
FROM: DEPARTMENT SCHOLARSHIP COMMITTEE  
RE : GENERAL SCHOLARSHIP APPLICATION  
DATE : INFORMATION NOVEMBER 22, 2023

To be considered for a scholarship, the applicant must:

- Be a **child or a grandchild** of a veteran (must show proof of veteran's status, or military discharge or DD-214).
- Be a Maryland resident.
- Not have attained their 20<sup>th</sup> birthday by January 1, 2024.
- Be a full-time student when he/she enters college (at least 12 credits per semester).
- Completed and mailed/delivered scholarship application and back-up information (cannot be faxed or emailed).
- Have application, along with essay and transcript, delivered to:  
**The American Legion, Department of Maryland, Inc.  
War Memorial Building, Room E  
101 N. Gay Street  
Baltimore, Maryland 21202**
- Applicants may complete the online version of the application at "<https://www.cognitoforms.com/TheAmericanLegionDepartmentOfMaryland/AmericanLegionDepartmentOfMaryland2024GeneralScholarshipApplication>" or by going to our website **<http://mdlegion.org/formspage.htm> and looking for General Scholarship application.**
- Applications are due in this office on or before **April 15, 2024.**
- Scholarship Winners will be notified by mail in **August 2024.**

Sincerely,

Robert Berlett  
Scholarship Committee Chair



**PARENT/GRANDPARENT INFORMATION**

Name of Father/Grandfather \_\_\_\_\_ Occupation \_\_\_\_\_  
Military Service Dates \_\_\_\_\_ Serial No. \_\_\_\_\_  
Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Father/Grandfather Belongs to American Legion Post No. \_\_\_\_\_ Card No. \_\_\_\_\_

Name of Mother/Grandmother \_\_\_\_\_ Occupation \_\_\_\_\_  
Military Service Dates \_\_\_\_\_ Serial No. \_\_\_\_\_  
Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Mother/Grandmother Belongs to Legion Post or Unit No. \_\_\_\_\_ Card No. \_\_\_\_\_

Is either parent/grandparent deceased? \_\_\_\_\_ Is death service-connected? \_\_\_\_\_ XC No. \_\_\_\_\_

Is either parent/grandparent disabled? \_\_\_\_\_ Is disability service-connected? \_\_\_\_\_ X C No. \_\_\_\_\_

Dependent children in family other than applicant:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

**OTHER INFORMATION**

In addition to the information on this form, the applicant must submit the following by the deadline:

- 1. Academic transcript of his/her high school record (courses/credits) that includes the SAT scores and grade point average (GPA).
- 2. Three (3) letters of reference from responsible adults (not relatives).
- 3. A brief essay indicating career objectives, why further education is needed, and any extenuating circumstances that should be considered.

**CERTIFICATION**

I affirm that the foregoing information reported on this application form is true, correct, and complete. I fully understand that any misrepresentation or incorrect information can lead to disqualification for, or forfeiture of, any scholarship grant.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S SIGNATURE

**REVIEWED BY:**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
SCHOOL COUNSELOR'S SIGNATURE