## THE AMERICAN LEGION, DEPARTMENT OF GEORGIA NINTH DISTRICT ROBERT E. "BOB" CAMPBELL MEMORIAL SCHOLARSHIP

Scholarship Application (\$1,000.00)

| 1. Nan   | ne of Applicant:              |                                |                 | (First Middle Last)           |
|----------|-------------------------------|--------------------------------|-----------------|-------------------------------|
| 2. Hon   | ne Address:                   |                                |                 |                               |
|          |                               |                                |                 | Zip:                          |
| 4. Date  | e of Birth:                   | Telephone #:                   |                 |                               |
| 5. Nan   | ne of American Legion Men     | nber Sponsoring Applicant:     |                 |                               |
| 6. Rela  | ationship to Sponsoring Men   | nber:                          |                 |                               |
|          |                               | nber:                          |                 |                               |
| 8. App   | licant must attach an endors  | ement from the sponsoring I    | Post.           |                               |
| 9. Scho  | ool Applicant last attended ( | or is attending)               |                 |                               |
| 10. Scho | ool Address: City             |                                | _ State         | Zip                           |
| 11. Aca  | demic Excellence:             |                                |                 |                               |
| ä        | a. Accumulated Grade Poir     | nt Average (GPA)               |                 |                               |
| 1        | b. Class Ranking              |                                |                 |                               |
| (        | c. Test Score (SAT)           | (                              | Must attach o   | fficial SAT record)           |
| (        | d. Must attach official Scho  | ool Transcript.                |                 |                               |
| •        | e. Must have 3.0 Average of   | on a 4.0 Scale in Core Subject | cts in all Work | c taken in Grades 9-12.       |
| 12. A re | ecommendation from High S     | chool Principal must be atta   | ched to Appli   | cation.                       |
| 13. Nan  | ne of School where Applicar   | nt wishes to Enroll            |                 |                               |
| 14. Add  | lress of School to which chec | ck should be mailed if award   | led (typically  | this is the business office.) |
| Stre     | et:                           |                                |                 | _                             |
| City     | <i>"</i> :                    | STZ                            | ip:             | _                             |
|          | ention:                       |                                |                 |                               |

| 15. Name of Parent or Guardian o  | f Applicant:               |                              |                   |
|-----------------------------------|----------------------------|------------------------------|-------------------|
| 16. Parent's/Guardian's Address:  |                            |                              |                   |
| City                              | ST                         | Zip:                         |                   |
| 17. Are Parents or Grandparents M | Members of American Leg    | ion?                         |                   |
| (Answer the following questions   | # 18 through 21 in a sho   | rt essay Answer Format of 30 | 00 words or less) |
| 18. What School and Community     | Activities do you particip | ate in?                      |                   |
| 19. What do you see yourself doi  | ng in 10 years? Why?       |                              |                   |
| 20. What Major do you plan to pu  | rsue?                      |                              |                   |
| 21. Who inspired you to seek a Co | ollege Degree and why?     |                              |                   |

## SCHOLARSHIP REQUIREMENTS

- 1. All Applications must be completed on typewriter or word processor.
- 2. Applicant must be a child or grandchild of a Veteran of military service who is or was a member of the American Legion in the Ninth District Department of Georgia.
  - (Sponsoring Post is responsible for verification of American Legion Affiliation.)
- 3. Applicant must be a graduating High School senior.
- 4. Applicant must live in Georgia.
- 5. Applicant must be sponsored by a Ninth District (Dept. of Georgia) American Legion Post.
- 6. Academic requirements include students accumulated grade point average (GPA), class ranking and standardized test scores (SAT). Official records must be furnished.
- 7. Applicant must have participation in school and community activities.
- 8. This award is to be given on the basis of Academic Scholarship in core "only" subjects on 4.0 basis.
- 9. Applicant must have transcript of grades. Transcript must be official document from High School and in a sealed envelope.
- 10. One Scholarship will be awarded of \$1,000.00.
- 11. Applications must be received by April 15, of the current year.
- 12. Applicant must have an endorsement from the sponsoring Post and High School Principal.
- 13. Winner of Scholarship must contact Scholarship Committee by August 1<sup>st</sup> with notification of College they will attend. Check will be made to College to be applied to applicant's account.
- 14. Applications must be mailed to:

American Legion
Post 251
2760 Duluth Hwy 120
Duluth, Georgia 30096

Attention: 9th District Scholarship Award Program (Thom Mash)