

American Legion Post 149 Pickens County Veteran Scholarship Fund Application

Name _____
Last First Middle

Address _____
Number and Street City State Zip

Phone Number: _____ (Home) _____ (cell)

Email address: _____

Branch and dates of military service: _____

Attach a copy of your DD214

Schools to which you have applied:

_____ Accepted? _____

_____ Accepted? _____

_____ Accepted? _____

List your work experience and the number of years in each job:

Briefly describe your education and career goals:

Briefly describe your community/church involvement:

How many dependents other than yourself do you claim for income tax purposes? _____

Explain what your military service has meant to you:

Date _____ Signature of Applicant _____

To the best of my knowledge, I verify the information given is correct.