

# Codington County Post #17 American Legion Scholarship Approximately \$400

Name \_\_\_\_\_

Born at \_\_\_\_\_ Birth Date \_\_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Father's Name \_\_\_\_\_

Military Service began \_\_\_\_\_ Ended \_\_\_\_\_

Mother's Name \_\_\_\_\_

Military Service began \_\_\_\_\_ Ended \_\_\_\_\_

Parent's address \_\_\_\_\_

Father's Employment \_\_\_\_\_

Mother's Employment \_\_\_\_\_

College/Vocational School You Plan to Attend \_\_\_\_\_

Have you been accepted by this institution? \_\_\_\_\_ Enrollment Date (M/Y) \_\_\_\_\_

Please attach a copy of your parent's military form DD 214 (if not available answer the following questions)

Where can verification of the Military Service be obtained :

County Courthouse at \_\_\_\_\_

American Legion Post at \_\_\_\_\_

Other \_\_\_\_\_

Please attach a list of your school activities and honors and your community involvement. Also enclose a short essay (approximately 200 words) on your educational and career plans. Please return this application and a copy of your high school transcript by March 14 to:

American Legion  
Codington County Post 17  
P.O. Box 292  
Watertown, SD 57201