

District #8 American Legion Riders

District #8 ALR SCHOLARSHIP APPLICATION

(Please type or print)

The following Criteria must be met to qualify for one of up to fifteen (15) \$1000.00 Scholarships:
This \$1000.00 Scholarship will be paid out at the middle of the 2nd semester to the enrolled student.

Must be a Resident of North Dakota

Must be enrolled in Continued Education

Must be a Son/Daughter of the following:

Military Veteran, Wounded Warrior, Disabled Vet, Survivor of a Military KIA.

Mr.
Name Ms. _____

Mrs. *Last* *first* *middle*

Home Address _____
Street number or box *city* *state* *zip*

E-mail Address _____

Phone (_____) _____ DOB _____

Name of Military Member & Relationship _____

Branch of Service & years served _____

Is parent a American Legion Member ____ Yes ____ No Post Name and # _____

____ Survivor of Military KIA ____ Son/Daughter Disabled Veteran

____ Son/Daughter Wounded Warrior ____ Son/Daughter Military Veteran

What college or trade school (s) are you planning to attend? _____

Did/do you have an outside job during school (including summers)? ____ Yes ____ no

IF YES: ____ part-time ____ full-time ____ summers only Number of hrs / week _____

Do you have other scholarships? ____ Yes ____ no Partial ____ Full ____

Name and location of high school _____

When did you/will you graduate from high school _____?

Approximate date of registration _____

What degree or trade are you pursuing? _____

What career choices are you considering: 1st choice: _____

2nd choice: _____ 3rd choice: _____

What year in school will you be in the upcoming semester? _____

What are your hobbies? _____

What activities, both school and civic, are you involved in? _____

What awards have you received? _____

Personal essay: (Optional) on additional sheet(s) of paper, please write an essay stating your educational goals, your career objectives, life experiences that made you who you are today and how your choice of school will help you in achieving these goals. Please make the essay as many words as you think explains yourself and the goals you plan to archive. This essay is very important, as this is what the scholarship committee will review to get an idea about you and your desire to excel in life.

APPLICANT SIGNATURE: _____ DATE _____

Interview Date: 1st Choice: _____ 2nd _____

No interview dates or times can be guaranteed. The committee will set the dates and times. Your choices may help in scheduling. (For out of area applicants: some form of video interview might be used) Please provide **your** cell number as the scholarship committee would like the option to be able to have a interview with you if necessary.

All application material must be received by 04/15/2019
Please send completed applications to:

District #8 ALR/ND Legacy Scholarship

PO Box 3029

Dickinson, ND 58602

