WALTER MILLER POST 394 AMERICAN LEGION AUXILIARY RUSSELLVILLE, OHIO

Name:		

Directions:

- 1. Complete the general application for this scholarship.
- 2. Complete the essay (200 words minimum).
- 3. Staple application together. We would like 3 copies.

Deadline: Must be post-marked by March 28, 2025 and mailed to:

Walter Miller post 394 Scholarship Committee 313 N. Columbus St. Russellville, Ohio 45168

WALTER MILLER POST 394 AMERICAN LEGION AUXILIARY RUSSELLVILLE, OHIO

SCHOLARSHIP APPLICATION

ELIGIBILITY: Any graduating senior from Eastern High School who plans to attend a college or technical school. Additional points will be given to a student that attended Russellville Elementary, additional points will be given to a student that a family member served or is on active duty in the Armed Forces and additional points will be given if you have a family member that is a paid member of the Walter Miller Post 394 American Legion or Auxiliary.

Complete this application along with an essay (minimum of 200 words) that describes the true meaning of patriotism and what it means to you.

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Walter Miller Post 394 Scholarship Committee 313 N. Columbus St Russellville, Ohio 45168

Please Print

Name: (First)	(Middle)	(Last)	Sex:	ule or Female)
Date of Birth: (Month/Day/Yea		Phone No.	<u>()</u>	
Home Address:(Street/PO Box	x) (Ci	ty)	(State)	(Zipcode)
Student lives with:	_Mother & Father, _ _Legal Guardian,	Mother, Other (Expla	Fath	er
Student's main source of				
Father's Name:				
Place of Employment:		Yea	rs on Job: _	
Mother's Name:		Occupation:		
Place of Employment:		Yea	ars on Job: _	
Guardians' Name:		Occupation:		
Place of Employment		Yea	ars on Job	

	-	at are being supported by the family:
Name	Age	School or College now Attending
Y	J_ J	
List additional children on reverse if need	iea.	
Briefly explain your extra-c	urricular school interes	sts, activities and accomplishments:
List additional information on reverse if r	needed.	
Dui offer and lair man - 1	ool activities	in which was moutining at -
Briefly explain any non-sch	ooi aciivities or groups	in wnich you participate:
List additional information on reverse if n	reeded.	
Please explain any commun	rity or school related ser	rvices you have provided (such as volunteer
programs or services):	•	
List additional information on reverse if n	needed.	
•		
Please complete the following	ng information:	
Name of college you plan or	n attending:	
Second College choice		
Address of Second College $_$		
Degree of program of choic	e (2 or 4 yr. program) _	
Full or Part-Time		Why?
Estimated cost of college pe	r yr. (tuition, books, roc	om & board)
Will be living: on can	npus,off campus,	Why?om & board)at home,other (explain)
Tigt am achalandina an fam	ma of financial cide	have received an of this date (sing and the
		have received as of this date (give amounts
also):	- 4	
Your contribution to college	expenses (explain vour	r source of income):
Approximate amount of coll	ege expenses being pro	vided by your parents (explain):

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE HIGH SCHOOL GUIDANCE COUNSELOR

Applicants	s class standing _	of	
GPA	ACT	SAT	
			-
Signature o	f Guidance Counselo	r)	•

Please note: A joint check will be issued to successful applicant and college of their choice after proof of enrollment. Make sure all paperwork is stapled together.