

AMERICAN LEGION AUXILIARY



**C. M. JOSLIN UNIT 618
P. O. Box 332
Willis, Texas 77378
936-856-5224**

PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP APPLICATION

THIS SCHOLARSHIP IS FOR \$500. SHOULD YOU RECEIVE THIS SCHOLARSHIP; FUNDS WILL ONLY BE FORWARDED TO THE COLLEGE OR UNIVERSITY YOU ATTEND.

THIS APPLICATION MUST BE COMPLETED AND MAILED TO THE AMERICAN LEGION AUXILIARY AT THE ABOVE ADDRESS BY APRIL 1.

NAME: _____

DATE OF BIRTH & SOCIAL SECURITY NUMBER: _____

FULL ADDRESS: _____

TELEPHONE NUMBER: _____

PARENTS/GUARDIANS NAMES: _____

PARENTS/GUARDIANS FULL ADDRESS: _____

NUMBER OF SIBLINGS LIVING AT HOME: _____ NUMBER OF SIBLINGS AT COLLEGE _____

TOTAL FAMILY INCOME: _____

NAME AND LOCATION OF HIGH SCHOOL: _____

DATE OF GRADUATION: _____ GRADE POINT AVERAGE: _____

LIST HIGH SCHOOL ACTIVITIES, OFFICES HELD, AWARDS RECEIVED: _____

LIST HOBBIES AND SPECIAL INTERESTS: _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND OR
ARE ATTENDING: _____

WHAT IS YOUR COURSE OF STUDY (MUST BE IN MEDICAL FIELD AND OF HUMAN
STUDY) AND PLANS FOR FUTURE? _____

HAVE YOU RECEIVED ANY OTHER GRANTS, SCHOLARSHIPS OR AID? _____
IF SO, WHAT? _____

OTHER THAN GRANTS OR SCHOLARSHIPS, WHO WILL BE RESPONSIBLE FOR
PAYING FOR THE FURTHERMENT OF YOUR EDUCATION, YOURSELF OR YOUR
PARENTS/GUARDIAN? _____

PLEASE ATTACH A BRIEF NARRATIVE ON "WHAT AMERICA MEANS TO ME" AND
ANOTHER BRIEF NARRATIVE ON "WHY I CHOSE THIS FIELD OF STUDY".

APPLICANTS SIGNATURE: _____

DATE: _____

AGAIN, THIS SCHOLARSHIP MUST BE COMPLETED AND RETURNED BY APRIL 1ST
TO THE AMERICAN LEGION AUXILIARY AT THE ADDRESS SHOWN ON THE FIRST
PAGE OF THIS APPLICATION.