

The American Legion Carroll Post 143 Bob Hilliard Scholarship Application

Submission Deadline March 31

1) Name of Applicant						
• •	First	Middle		Last		
2) Home Address						
	Street	City		State	Zip	
3) Date of Birth	Telephone	Email_				
4) Applicant is currently	attending:					
	School	City	County	State	Zip	
5) Name of Post 143 spo	onsor (Students outside Carro	ll County only)				
6) FatherOccupation						
- If applicable, Type	of Degree					
7) MotherOccupation						
- If applicable, Type	of Degree					
8) Guardian	(Occupation				
- If applicable, Type	of Degree					
9) Must have 3.5 average on a 4.0 scale for grades 9 -12. [] Check Box						
10) Attach Official School Transcript of grades. [] Check Box						
11) Attach a recommendation letter from either a teacher or guidance counselor. [] Check Box						
12) Name of University,	College, or Technical College	ge student accepted:				
a. Major or area of s	study (Two or four-year degre	ee):				
b. Provide Address	of College/University/Techni	cal College accepted:				
Street		City		State	Zip	
c. If applicable, Stud	dent University/College Acco	ount ID number				

13) ANSWER QUESTIONS 1 – 4 IN BULLET SENTENCES

- 1) What are your School Activities?
- 2) What are your Community Activities?
- 3) What Major or area of study do you plan to pursue and why?
- 4) What inspired you to seek the American legion Post 143 Scholarship?

14) Write a five-paragraph essay of 500 words or fewer explaining how you plan to use a college degree to make a positive impact in your community, the State, and the Nation. Use the following format for the essay:

- Introduction paragraph listing three areas or changes that holding a degree in your area of study will help make an impact.
- Three body paragraphs of three to five sentences each highlighting and supporting your theses.
- A closing paragraph to summarize or "Wrap up your Thesis".

SCHOLARSHIP REQUIREMENTS/INSTRUCTIONS

- 1) Applicant must be a graduating High School Senior in good standing in the year the Post Scholarship is awarded.
- 2) Applicant must attach a recommendation letter from either a high school teacher or guidance counselor
- 3) Applicant must attach an Official School Transcript of grades 9 through 12.
- 4) The Scholarship Application Package must be returned to the guidance counselor's office on or before March 31
- 6) The recipient of the scholarship will be notified by telephone and email.
- 7) Applicants not selected for the Scholarship will receive a non-selection notice via email.
- 8) The Post Scholarship check will be made payable to both the recipient and the University or College and mailed directly to that University or College. (Student Account ID number is required)
- 9) The student must reside in or commute to the University, College, or Technical College attending.
- 10) A copy of this application will be made available through:
 - a. The school counselor's office (Recommended)
 - b. Download from Post 143 website www.gapost143.org
 - c. Email request to contact@gapost143.org
 - d. Mail request directly to:

American Legion Post 143

P.O. Box 647

Carrollton, GA 30112-0647

I have read and accept the terms of this applicatior	n, and to the best of my kn	owledge, the information I	have
provided is correct.			

Signature:	Date:

"All information submitted is confidential"

Return application package to the school counselor on or before March 31