

## Hamburg American Legion Post #527 Scholarship Instructions

1. Hamburg American Legion Post #527, PO Box 178 Memorial Drive, Hamburg, NY 14075 will provide three (3) scholarships.
2. One thousand dollars (\$1000.00) each will be given to 3 students, 1 male, 1 female, 1 of either sex.
3. Awards will be presented at Awards Night, usually around the first week of June.
4. Candidates do not have to enter a four-year program as trade school, vocational school and two-year applicants will be given equal consideration.
5. Candidates must be attending Hamburg Central or Frontier Central schools or be the child or grandchild of a member of Post #527. If applying under the relationship, that information must be shown on the application form.
6. A typed resume should accompany the application. Please try to impress the committee with reasons for accepting you as the recipient.
7. No financial statement is desired.
8. Recommendation by a teacher is recommended.
9. Applications must be received by the fourth Friday in April.
10. Any application might be forwarded to the Erie County Past Commanders Club for their consideration in their scholarship award.
11. Winners should be available for pictures with the Post Commander.
12. Details for the payment of funds will be worked out at the time of the picture session.
13. All correspondence shall be sent to the Hamburg American Legion Post #527, PO Box 178, Hamburg, NY 14075 and be clearly and distinctly marked: Attention; Scholarship Committee.
14. The decision of the Scholarship Committee will be final and not subject to review.

Hamburg American Legion Post #527  
Scholarship Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Brother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

Brother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

Brother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

Sister's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

Sister's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

Sister's Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Relationship to post #527 Member(s) (not a requirement: information only-need not be completed unless applying under paragraph 5 of instructions.): \_\_\_\_\_

Name of Post #527 Member(s): (Under paragraph 5 only) \_\_\_\_\_

Colleges where accepted or applied: \_\_\_\_\_

Intended Course of study: \_\_\_\_\_

List membership in School, Civic or Social Organizations: \_\_\_\_\_

Have you engaged in any activity sponsored or related to the American Legion? \_\_\_\_\_ Where and When: \_\_\_\_\_

Briefly describe what you think the American Legion does in the Community, State, or Nation: \_\_\_\_\_