

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI**  
**SCHOLARSHIP AWARD APPLICATION**  
**Shane Dean Voyles Memorial Scholarship**

This application is limited to **only one student per high school**. The student is to be selected by the faculty of the school based on the criteria listed on the reverse side of this application.

**(Must be typewritten or printed legibly)**

Name and Address of High School \_\_\_\_\_

Counselor's Name and Phone Number \_\_\_\_\_ ( ) \_\_\_\_\_

Full name of applicant \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone # Home ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

SAT/ACT Score \_\_\_\_\_ Overall G.P.A. \_\_\_\_\_

Family combined gross annual income \_\_\_\_\_

Number of children under 18 in the family \_\_\_\_\_

List athletic activities applicant participated in while attending High School \_\_\_\_\_

College applicant plans to attend \_\_\_\_\_

Has he/she received an athletic scholarship? \_\_\_\_\_ If yes, which sport? \_\_\_\_\_

Extra circular activities applicant participated in? \_\_\_\_\_

Community Service activities applicant participated in? \_\_\_\_\_

**Applicant's signature certifies that he / she understands scholarship eligibility requirements and will adhere to its conditions.**

**Applicant's signature certifies that he / she is not related to any member of the reviewing Education and Scholarship Committee; John Buckwalter, Julio Bambini, Dennis Woeltje, Robert Maddox, Marlin Slagle, or Ed Green**

**Applicant's signature grants The American Legion Department Of Missouri the right to use applicant's name and / or likeness to publicize the Scholarship Program.**

\_\_\_\_\_ Date \_\_\_\_\_

*Applicant's signature*

**This application for scholarship aid is being submitted with my knowledge and approval.**

\_\_\_\_\_ Date \_\_\_\_\_

*Signature of Parent / Guardian*

**Please read carefully and follow all eligibility requirements. They must be strictly adhered to.**

### **Shane Dean Voyles Memorial Scholarship**

One \$500.00 Shane Dean Voyles Memorial Scholarship will be awarded annually to an eligible high school senior that is planning on attending a college or university in the state of Missouri. **The faculty of each High School in the state of Missouri may submit only one student for this scholarship.**

The Education & Scholarship Committee of The American Legion, Department of Missouri will determine the recipient of the scholarship. The decision of the Committee shall be final.

#### **Basis for Eligibility:**

1. Each High School in the state of Missouri may submit only one application for this award. Applicant must be selected by the faculty of the High School he/she is attending based on the individuals financial need, participation in athletics, participation in school activities/clubs, volunteer work, exceptional leadership qualities, high moral standards and extreme patriotism.
2. Recipient must be a full time student in an accredited college or university in the state of Missouri.
3. Applicant must be a resident of the state of Missouri.
4. Must be attending an accredited college / university as a full-time student.

\$250.00 of the scholarship award will be paid for each semester, upon receipt of certification of enrollment from the school. If, at any time during the course of the year, the recipient, for any reason, leaves and does not complete his/her commitment, he/she shall forfeit any balance left in the award.

**All inquiries should be directed to: Mr. John Buckwalter, Chairman (660) 627-4713**

**Letter will notify recipients after July 1, 2012.**

**Completed application should be mailed no later than April 20, 2012 to:**

**The American Legion Department of Missouri, Inc.**

**Attn: Education and Scholarship Committee**

**P.O. Box 179**

**Jefferson City MO 65102-0179**

**This scholarship may be obtained on the web at [www.missourilegion.org](http://www.missourilegion.org)**