

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, Richard Pack, Robert Maddox, Marlin Slagle, Ed Green, or Dennis Woeltje.

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

The scholarship award will be paid at the beginning of the student's first semester at their college of choice. Registrar's certification of enrollment is required before payment will be made. A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school. **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 individual's 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, 2016.

Completed application should be mailed no later than April 20, 2016 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