

MISSOURI CADET PATROL ACADEMY

Sponsored by The American Legion Department of Missouri, Inc.
in Cooperation with the Missouri State Highway Patrol

54th Class held June 7 through June 12, 2026

QUALIFICATIONS

1. Age: 16-18. No condition of race, creed or sex is a prerequisite for selection. Former Cadet Patrol graduates will NOT eligible.
2. Applicants must have a C grade average or higher (2.0+ GPA). Home-schooled students that meet the C grade average requirement are also eligible.
3. Must furnish own transportation to and from the Missouri State Highway Patrol Law Enforcement Academy.
4. Every applicant must be of good moral character and come well recommended.
5. ***Applicants must be in excellent physical condition and able to participate in a rigorous physical program.***
6. **Copy of valid Missouri driver's license must be attached.**
7. This application must be endorsed by an American Legion Post in your area to be considered.

PERSONAL DATA

1. Name _____ Home Phone _____
2. Date of Birth _____ Age _____ Sex _____ School Grade _____ Do you Swim? __ Yes __ No
3. Address _____ City _____ Zip Code _____
4. Student Email Address: _____
5. Father's Name _____ Phone _____ Cell Phone _____
6. Father's Email Address: _____
7. Mother's Name _____ Phone _____ Cell Phone _____
8. Mothers Email Address: _____
9. I do believe in The American Legion's Principles of Law and Order and for God and Country. Circle Y N

UNIFORM MEASUREMENTS: (How to Measure) For accuracy, you must have someone else measure you. Keep the tape straight and snug, but not too tight. If your measurements are between sizes, order the next larger size, to the nearest inch, e.g., 34, 35, 36, etc. These garments do shrink somewhat with washing, so plan accordingly. **Pants Inseam:** Measure down the inseam of the leg to one inch below the ankle bone and round up to the nearest full inch. *Example:* Actual measurement is 31-1/2" = 32" inseam as shown above. **Waist:** Measure over the shirt (not the trousers). **Neck:** Measure actual collar size to the nearest one-half inch (e.g., 15-1/2, 16-1/2, 17-1/2, etc.) **It is very important that these measurements are correct. Uniforms are ordered from a uniform company using the sizes given from below and cannot be changed.**

***** You can find a how-to guide at the back of this application *****

Height: _____

Weight: _____

Uniform Pants:

Uniform Shirts: (Nearest one-half inch)

PT Clothes: (XS – 3XL)

Waist _____

Neck _____

T-Shirt: _____

Inseam _____

Chest _____

Shorts _____

Neck size must be accurate because shirts will be worn with a necktie.

NOTE: PLEASE FILL IN ENDORSEMENTS ON BACK OF FORM.

Must submit copy of medical insurance in case of illness. Student will be taken to Urgent Care clinic if complaining of illness while attending the program. Co-payment will be the responsibility of student.

MEDICAL CERTIFICATE (Must be completed in full by applicant.)

1. _____
(Name, Relationship and Phone Number of person to be notified in case of medical emergency.)

2. Circle diseases you have had:

Measles	Mumps	Smallpox	Chicken Pox	Pneumonia	Scarlet Fever	Asthma	Polio	Diabetes
Allergies	Diphtheria	Appendicitis	Convulsions	Heart Trouble	Lung Trouble	Ear Trouble	(Other)	

3. Date of last Tetanus Shot _____

4. Have you been vaccinated against Smallpox? (Please circle) Yes No

5. Have you received Polio Immunization? (Please circle) Yes No

During your stay at the Academy you will be covered by insurance. Your personal medical insurance will be the primary policy and the insurance provided by the Cadet Patrol program is the secondary policy.

Applicant's Signature _____
(Name) (Date)

TO BE COMPLETED BY YOUR FAMILY PHYSICIAN:

What is the physical condition of the applicant:

Heart _____ Ears _____ Skin _____ Eyes _____ Lungs _____ Throat _____

Do you feel the applicant is physically capable of taking part in a program that includes rigorous physical activity?
_____ Yes _____ No

(Signature of Physician)

(Date)

EMERGENCY AUTHORIZATION

(To be completed by parent or legal guardian.)

I, _____, as the **PARENT** or **LEGAL GUARDIAN** of the applicant, do hereby consent to the performance of emergency medical or dental care, including surgical procedures, for this applicant. I understand this will be done only in an emergency, and by a licensed physician. Anesthesia may be used when deemed necessary, by medical personnel.

(Signature of Parent or Legal Guardian)

(Date)

ENDORSEMENTS

1. **SCHOOL** – I hereby certify that the above-named student is a member in good standing of our local high school or home school and has a C grade average or higher (2.0+ GPA) and is recommended for participation in the youth program.

Signature of School Official – Name of School – Position

2. **LOCAL LAW ENFORCEMENT OFFICIAL** I, _____, regularly employed in the field of law enforcement, do know, or have interviewed the applicant and do recommend him/her as a worthy candidate to participate in the youth program.

Signature of Peace Officer

Title

Date

Name of Law Enforcement Office

3. **LOCAL LEGION POST** – I hereby certify that the above listed applicant is a resident of Missouri. Our Legion Post Cadet Patrol Chairman recommends his/her acceptance in the youth program. **(Note: PAYMENT FOR FEE OF \$450.00 (PAID BY SPONSORING POST) MUST ACCOMPANY APPLICATION. Make the check payable to *The American Legion Department of Missouri*.**

Name and Number of American Legion Post

Signature of Post Commander or Adjutant

Phone Number

4. **DISTRICT ENDORSEMENT** – The applicant named in the application is hereby approved as our District Representative in the youth program. *(Student must be interested in pursuing a career in Law Enforcement.)*

District #

Signature of District Commander or District Cadet Patrol Chairman

Date

**THIS APPLICATION MUST BE RECEIVED BY DISTRICT CHAIRMAN
NO LATER THAN March 1, 2026.**

**APPLICATION MUST REACH DEPARTMENT HEADQUARTERS BY
April 1, 2026.**

PURPOSE

It should be unnecessary to say that at the heart of the American system is this nation's dependence upon Law and Order, yet few concepts now are more misunderstood by our society than those which govern the relationships between Freedom and Democracy and Law and Order.

Never in the history of this nation has this relationship been so strained and under attack, but at the same time, never has there been a greater need or opportunity to convey to the general public, and in particular the youth, the need for Law and Order in a dynamic and progressive Democracy. Because of current social unrest and changing lifestyles in this country, the role of Law Enforcement Agencies in upholding the law needs full understanding and support.

The principal responsibility of our law enforcement authority is to insure all the rights and freedoms of **All** members of our society, and the underlying purpose of The Missouri Cadet Patrol Academy is to provide firsthand experience of the role of Law Enforcement in promoting and safe-guarding American freedoms and rights.

It is hoped that the young men and women who participate in The Cadet Patrol Academy will develop favorable attitudes toward law enforcement and will help disseminate these attitudes throughout the community.

Our young people have proven their abilities to think clearly and often to be the staunchest of supporters for moral and legal rights. The Academy gives them the opportunity to see law enforcement practices and concepts at their best.

SPONSORSHIP

The local Legion Post may accept outside financial assistance to send a Cadet to the Academy. However, none can be accepted except through the local Post which will send their nominations to the District Chairman who will make the final selections. District Chairmen are encouraged to make alternate selections.

The Cadet Patrol program will be conducted at the Missouri State Highway Patrol Law Enforcement Academy in Jefferson City, Missouri, located at 1510 East Elm Street, (Highway 50 East).

THE PROGRAM CONSISTS OF A TYPICAL WEEK OF RIGOROUS PATROL RECRUIT TRAINING

The week's activities will include: Classroom instruction in the History of Law Enforcement, defensive driving, Radar, Motor Vehicle Laws, First Aid, shooting demonstrations, drug abuse, and use of alcohol, as well as demonstrations of police skills, such as personal defense and weapons firing. Organized sports will be a part of the program as well as tours of the area as time permits. It is expected that Missouri State officials will visit during the week. The American Legion will furnish staff assistance during the program.

QUALIFICATIONS

Age — 16 through 18 years of age. Must Have reached sixteenth birthday by **April 1, 2026.**

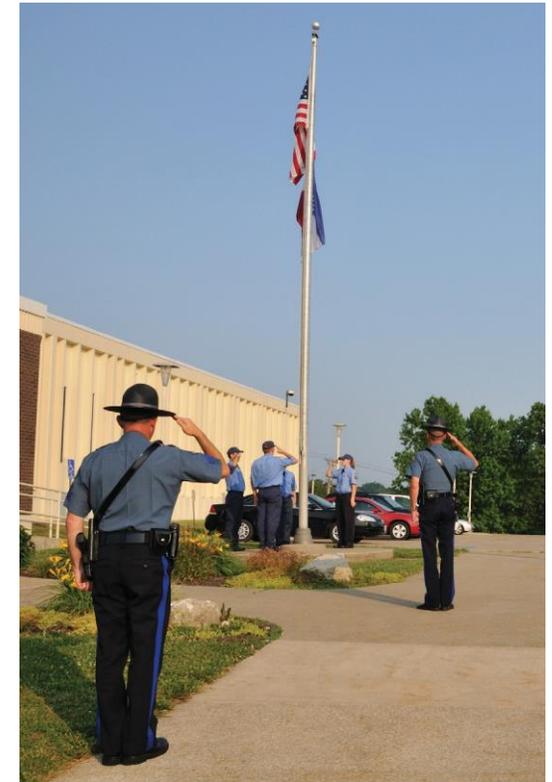
Applicants must have a (C) average or higher (2.0+ GPA). Home schooled students that meet the (C) average requirement are also eligible.

Each applicant must be of good moral character, present a neat, well-groomed military appearance and come well recommended. Males will not report to the Academy with a beard.

Possess a valid driver's license or a learner's permit (due to driving course). Copy of driver's license or learner's permit must accompany the application.

Have an interest in pursuing a career in the Criminal Justice System.

Any individual applying for Cadet Patrol must meet the qualification requirements and only those recommended by their local high school official may be considered. If home school note on application.



“KEEP IT FLYING”



“LOOKING GOOD”

Former Cadet Patrol Graduates are not eligible. NO CONDITION OF RACE, CREED OR COLOR IS A PREREQUISITE TO SELECTION. UNDER NO CONDITIONS WILL HARASSMENT BE TOLERATED.

APPLICATION

Official application forms, which must be fully completed, may be obtained from your local American Legion Post and online at www.missourilegion.org. Be sure the necessary signatures of your high school principal, your local Post Commander or Adjutant, your Doctor and local law enforcement official have been secured. The applicant should express a personal interest in the program.

Applicants must be physically able to take part in a Rigorous Physical Program. The local Post Commander, Adjutant, or Cadet Patrol Chairman will interview each applicant, and forward each completed application with the fee of \$450.00 to the District Commander or Chairman, **no later than March 1, 2026.**

Make checks payable to: The American Legion Dept. of MO.

The District Commander must forward his endorsed application to The American Legion, Department of Missouri, Inc., Post Office Box 179, Jefferson City, Missouri 65102, no later than **April 1, 2026.** (The District Commander is urged to forward additional applications in the event they might be accepted. If not accepted, fees will be returned.)

EQUIPMENT

Each Cadet will be issued an official uniform which will be worn at all times, except during recreational periods. Personal toiletry items, including glasses (if you wear contacts), clothing for athletic activities such as gym shoes, T-shirts and black dress shoes for marching in uniform will be the responsibility of the individual.

ACCOMMODATIONS

Cadets are quartered two per room which includes restroom and bathing facilities. Rooms are heated and air conditioned. A lounge with TV and recreational facilities. In case of illness the student will be taken to a medical facility for care. This will not be a choice of the cadet.

REGISTRATION AND CHECKOUT

Registration will begin on Sunday, June 7th at **3:00 p.m. and must be completed by 5:00 p.m.** Once Cadets complete registration, they will be staying at the academy for the remainder of the week.

Checkout will begin immediately following graduation on Friday, June 12th.

Individuals providing transportation will be permitted to pick up Cadets only at the Missouri Highway Patrol Law Enforcement Academy — **THERE WILL BE NO EXCEPTIONS.**

For those Cadets wishing to drive their own vehicles to the academy, parking space will be available. However, they must remain parked until checkout time Friday June 12th, 2025.

VISITORS

GRADUATION WILL BE AT 10:00 a.m., (Time is subject to change. Please call 573-526-6174 to confirm.) **Friday, June 12th, 2026.** Families and friends of the Cadets are invited to attend.

Cell phones will not be permitted during scheduled activities.

IN CASE OF EMERGENCY A CADET MAY BE REACHED BY TELEPHONE AT 573/526-6174 or 573-526-6175



54th Annual MISSOURI CADET PATROL ACADEMY

MISSOURI DEPARTMENT
OF PUBLIC SAFETY



conducted at
MISSOURI STATE HIGHWAY PATROL
LAW ENFORCEMENT ACADEMY

Jefferson City, Missouri 65101

sponsored by

THE AMERICAN LEGION
Department of Missouri

in cooperation with

THE MISSOURI STATE HIGHWAY PATROL

June 7th through June 12th, 2026

Frankie Adams, Chairman
P.O. Box 179
Jefferson City, MO 65102
(573) 380-6231

Grateful appreciation is extended to Past Department Commander Charles A. Barron (1967) whose dedication led to the creation of this National Security activity.



54th ANNUAL MISSOURI
CADET PATROL ACADEMY
DISTRICT CHAIRS



- 1st District** Norm Goforth, 420 E Main St, Ethel, MO 63539 (660) 486-3259
burningmemories.46@yahoo.com
[Ralls, Schuyler, Scotland, Clark, Adair, Knox, Shelby, Lewis, Macon, Marion, Monroe]
- 2nd District** Phyllis Campbell, 3112 County Rd 1140, Clifton Hill, MO 65244 (660) 261-4218
phylliscampbell706@gmail.com [Mercer, Putnam, Grundy, Sullivan, Livingston, Linn, Carroll, Chariton, Randolph]
- 3rd District** Calvin Bumgarner, 5212 Cody St., Shawnee, KS 66203 cbumgarner522@aol.com (913) 522-1103
[Worth, Harrison, Gentry, DeKalb, Daviess, Clinton, Caldwell, Clay, Ray]
- 4th District** Kevin Stremmel, 6614 N London Dr, Kansas City, MO 64151 (816) 405-6762
phllhttl@gmail.com [Atchison, Nodaway, Holt, Andrew, Buchanan, Platte]
- 5th District** Richard Nicholai, 1005 S Valley Rd, Olathe, KS 66061 (913) 777-6453 rbnicholai@gmail.com
[Jackson County]
- 6th District** Kenneth J. Goth, 1905 Rustic Lane, Clinton, 64735 kgoth@charter.net (660) 351-2184
[Cass, Johnson, Bates, Henry, Vernon, St. Clair, Cedar]
- 7th District** Stephen J. Olson, 423 E North St, Marshall, MO 65340 stephen.j.olson@hotmail.com
(660) 831-0982
[Lafayette, Saline, Howard, Pettis, Benton, Hickory]
- 8th District** Paul Backues, PO Box 207, Freeburg, MO 65035 pbakues@gmail.com (573) 291-3526
[Cooper, Callaway, Boone, Morgan, Cole, Osage, Camden, Miller, Moniteau]
- 9th District** Daniel Sauer, 3006 Blanchette Dr, St Charles, MO 63301 dsauer@aol.com (314) 808-8438
[Audrain, Pike, Montgomery, Lincoln, Warren, Gasconade, St. Charles, Franklin]
- 10th District** Edward Ucinski III 1370 Green Birch Dr, Fenton, MO 63052 (314) 660-7685
educkinski780@hotmail.com [St. Louis County]
- 11/12th District**
[St. Louis City]
- 13th District** Paul J. Kohm Jr., 2153 S Perryville Blvd, Perryville, MO 63775 (573) 768-5461
pkohm@hotmail.com
[Jefferson, Washington, Iron, St. Francois, Ste. Genevieve, Perry, Madison, Reynolds, Wayne]
- 14th District** Frankie Adams, 805 Cherokee St., Sikeston, MO 63801 kc5pin@yahoo.com (573) 380-6231
[Carter, Bollinger, Ripley, Butler, Stoddard, Cape Girardeau, Pemiscot, Dunklin, New Madrid, Mississippi, Scott]
- 15th District** Bob Loudermilk, 1913 E 44th St Joplin, MO 64804 (417) 438-6504
Bloudermilk4767@gmail.com [Barton, Dade, Jasper, Lawrence, Newton, McDonald, Barry]
- 16th District** Rick Hirsch, 19945 Hwy 28, Dixon, MO 65459 vwtriker@gmail.com (573) 528-9131
[Oregon, Maries, Pulaski, Phelps, Laclede, Crawford, Dent, Wright, Texas, Shannon, Howell]
- 17th District** Allen Hines, 3377 W Tracy Ct., Springfield, MO 65807 2thirty@mehsi.com (417) 866-9602
[Polk, Dallas, Greene, Webster, Christian, Douglas, Stone, Taney, Ozark]

**THE AMERICAN LEGION
DEPARTMENT OF MISSOURI**



**CORNHOLE
TOURNAMENT**

Sponsored By

Past Post Commander's Club

THURSDAY, JULY 9 2026

OASIS HOTEL & CONVENTION CENTER

9:00 AM

(BACK-UP LOCATION - LEGION POST 125)



Registration:

\$30

**Per Person
NLT 1 July**

2-Person Teams

Cash Prizes!

Best of 3 - Advances

50/50 Drawing

Grab a

**Partner or
Come Solo**

We'll Match

You Up!

All Proceeds Benefit: Dept of Missouri Charitable Account

Make Checks Payable To: American Legion Dept of MO

Name: _____

Teammate: _____

Solo:

Phone #: _____

Mail To:

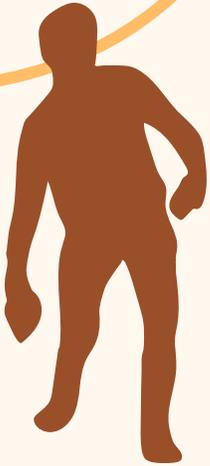
**Betty Gonzales
34 Countrywood Dr
St. Peters, MO 63376**

**For Additional Info:
Betty (636) 485-9772**



**THE AMERICAN LEGION
DEPARTMENT OF MISSOURI**

**SPONSOR YOUR
CORNHOLE**



Sponsored By

Past Post Commander's Club

THURSDAY, JULY 9 2026

OASIS HOTEL & CONVENTION CENTER

9:00 AM

All Proceeds Benefit:

Dept of Missouri

Charitable Account

Yes, I would like to sponsor this event with a \$50 Donation

Make Checks Payable To: American Legion Dept of MO

Name: _____

Address: _____

Phone #: _____

Mail To:

Betty Gonzales
34 Countrywood Dr
St. Peters, MO 63376

CERTIFICATION FOR
THE AMERICAN LEGION DEPARTMENT OF MISSOURI, INC.
HIGH SCHOOL ORATORICAL CONTEST

Date _____

THIS CERTIFICATION SHOULD BE MAILED OR E-MAILED
ON OR BEFORE NOVEMBER 30th.

The total number of students in our high school who participated in the Oratorical Contest is:

Number of Students (Please include **all students who studied** for this program.)

Student selected to represent our High School in the County (or Group) Contest:

Mr./Ms. _____
(NAME) (STREET) (CITY, STATE, ZIP)

(GRADE) (AGE) (EMAIL ADDRESS) (PHONE NUMBER)

Alternate Selection:

(NAME) (STREET) (CITY, STATE, ZIP)

(GRADE) (AGE) (EMAIL ADDRESS) (PHONE NUMBER)

HIGH SCHOOL _____

STREET ADDRESS _____

CITY & ZIP _____ COUNTY _____

PRINCIPAL Mr./Ms. _____ PHONE _____

TEACHER/COACH Mr./Ms. _____ PHONE _____

E-MAIL ADDRESS _____

Local Newspaper Name/Address _____

You may enter electronically at <https://form.jotform.com/240594099096165>

MAIL THIS COPY TO

Judge Duane Benton, Chair
Department Oratorical Commission
The American Legion
PO Box 179
Jefferson City, MO 65102
services@missourilegion.org

OR E-MAIL TO

"High schools may select, in any reasonable manner, a contestant to represent the school. Each contestant, to advance, must be certified the winner of each prior contest beginning with the high school. Certification must be made in writing to both the COMMISSION Chair and the CHAIR of the next contest. If a winner is disqualified, withdraws, or cannot compete, then the second-place contestant may advance. If a substitute contestant is not available without undue delay, the contest shall proceed among available contestants."



For God and Country

★ DEPARTMENT OF MISSOURI, INC. ★ PO BOX 179 ★ JEFFERSON CITY, MISSOURI 65102-0179 ★
★ (573) 893-2353 ★ (800) 846-9023 ★ FAX (573) 893-2980 ★
★ E-MAIL: info@missourilegion.org ★ WEBSITE: www.missourilegion.org ★

92nd ANNUAL
2025-2026 ORATORICAL SCHOLARSHIP PROGRAM
A Constitutional Speech Contest

Greetings High School Administrator:

The American Legion Department of Missouri, teaming with your local Post, will again sponsor the High School oratorical contest. The contest meets the guidelines of the Missouri State High School Activities Association and appears in the Advisory List of Contests and Activities, of the National Association of Secondary School Principals. The Legion contest is a partner with the National Speech & Debate Association, the honor society for high school students (formerly the National Forensic League).

The Oratorical Contest exists to increase students' knowledge of the Constitution of the United States, to develop the ability to think and speak clearly, and to promote the rights and responsibilities of American citizenship.

We hope your students will participate in the Contest this year. We encourage you to enroll at least one to represent your school.

This year, state finalists will receive the largest scholarship certificates ever--for **\$5,000, \$2,500, \$2,250, and \$2,000** respectively--redeemable after graduation at any college. Also, some colleges grant substantial scholarships to the participants.

All information about the contest is at <http://missourilegion.org/oratorical> For any questions, simply contact Department Headquarters, PO Box 179, Jefferson City, 65102, services@missourilegion.org, or call (573) 893-2353

To enter a student, send the Form to me or you may enter electronically at <https://form.jotform.com/240594099096165>

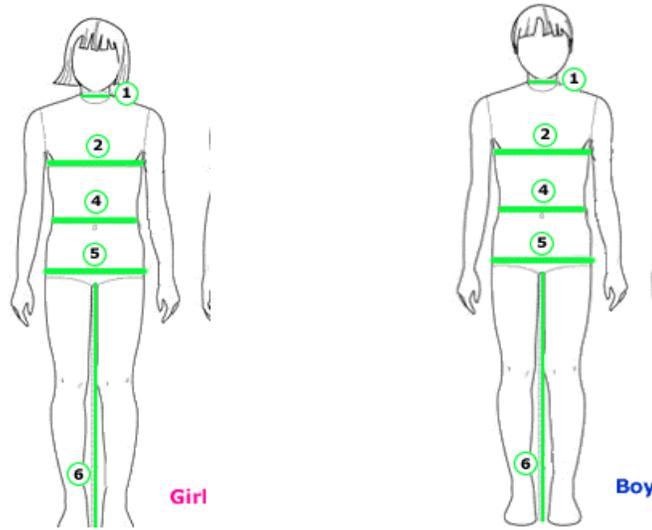
School administrators and educators have supported this program for the past 90 years. We trust it continues to earn the cooperation of your speech, social studies, civics, government, and similar programs.

Sincerely,

Judge Duane Benton, Chair
Department Oratorical Commission

P.S. Feel free to pass this to your speech teacher/coach, and to other interested teachers or students.

How to measure for your uniform.



Neck (1):

Measure around base of neck, just below adam's apple, allowing for comfortable fit. About a finger width of room.

Chest/ Bust (2):

Measure the fullest part of the chest. Boys just under the arms. Girls across the fullest part of the bust.

Waist (4):

Measure around the narrowest part of your natural waist. Generally around the belly button area. To ensure comfortable fit, do not pull the measuring tape too tightly.

*DO NOT measure over the belt or waistband.

Inseam (6):

Measure while standing, from the top of your inner thigh down to the bottom of you ankle.

*About one inch below the anklebone.

INSURANCE INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN

(Please Return to Department Headquarters with Acceptance Form)

(Name of Claimant)

(Date of Birth)

(Home Address)

Person to contact in an Emergency

(Address)

(Phone Number)

During the applicant's stay at The American Legion Cadet Patrol Academy, Supplemental insurance will be provided by The American Legion **after all claims have been submitted to the individuals insurance company.**

1. Parents Name _____ Home Phone _____

Address _____
(Street) (City) (State) (Zip)

2. Father's Occupation _____ Employer _____
(Name/Address/Phone No.)

3. Mother's Occupation _____ Employer _____
(Name/Address/Phone No.)

4. List of family medical insurance policies _____
(Attach separate sheet if more space is needed)

Name of Insurance Co. _____ Group Individual HMO
Policy No.(s) _____

Address _____
(Street) (City) (State) (Zip)

To whom (Employer, Union, etc.) was policy issued _____

(Date)

(Signature of Parent or Guardian)



NOV. 27TH

**ANNUAL COMMUNITY
THANKSGIVING**

DAY MEAL

DINE IN 11-2

CARRY OUT AVAILABLE

**3819 HWY. MM
HANNIBAL, MO.**



Checklist
POST Oratorical Chair
for
Local high-school contests

The High School Oratorical Contest—one of our great Americanism programs—emphasizes knowledge about the U.S. Constitution. It stimulates speaking abilities for high school youth, along with emphasis on the duties, rights, and responsibilities of citizenship under the Constitution.

The Post Oratorical Chair (and Committee) are the key to participation. Here are some specific suggestions.

- _____ 1. Study the Missouri Rules Brochure for all details of the program. Or visit <https://www.missourilegion.org/oratorical>
- _____ 2. Contact local high schools to encourage participation. (Talk with principals and relevant teachers—speech, social studies, and history teachers—as well as school board members and other community leaders..)
- _____ 3. A local high school contest has only one speech—an oration on some phase of the U.S. Constitution with emphasis on the attendant duties, rights, responsibilities, and privileges of citizenship. It must last between 5-6 minutes.*
- _____ 4. Volunteer to help—if asked by the high school—to furnish judges, timekeepers, and other helpers.
- _____ 5. Find out when the County Contest is. Tell the local schools of the time, place, and date of County Contest. Also, tell them of name of the County Chair. [If there's any doubt who the County Chair is, please do contact the District Chair, listed on the enclosed list.]
- _____ 6. Remind the high school to certify the winner's name, age, grade, and address, and total number of students who study the topic, to the District Chair and to the State Oratorical Chair. **DEADLINE - NOVEMBER 30th**

Remember, entry is easy at <https://form.jotform.com/240594099096165>

- _____ 7. Arrange with your Post to sponsor the winner to the next contest levels. Arrange transportation, if needed. Ask Post members to attend subsequent contests.

* **Note:** Local high schools may conduct the contest in any reasonable way, and most conduct no contest.

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

MO Detachment, Sons of the American Legion Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____

Complete Address _____

Phone # Home () _____ Work () _____

Date of Birth _____ Graduation Date _____ SAT/ACT Score _____

Applicant Membership Number () SAL _____ Membership ID Number _____

or () Junior Auxiliary

Family combined gross annual income _____

Number of children under 18 in the family _____

Name and complete address of High School _____

What school and community activities do you or have you participated in? Attach an additional sheet.

Attach an essay outlining what being a member of the American Legion Family means to you.

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

MO Detachment, Sons of the American Legion Scholarship – One Award of \$500.00 .

The \$500.00 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.

Basis for Eligibility:

1. One student who is a member of the Sons of the American Legion or the Junior Auxiliary of the American Legion.
2. Must attach a copy of most recent High School transcript
3. Must attach an essay on the topic "What being a member of the American Legion Family Means to me.
4. Be a resident of the state of Missouri.
5. An unmarried dependent under the age of 21.
6. Must be attending an accredited college / university as a full-time student.
7. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
8. Scholarship must be used the first fall semester of a college / university following graduation from high school.

This scholarship application may be obtained on the web at www.missourilegion.org



**NATIONAL COMMANDER DAN K. WILEY'S
2026 MEMBERSHIP EXCELLENCE INCENTIVE PIN
CERTIFICATION FORM**



Please make sure that the address, phone number and email address provided is for the recruiter and not the post.

Date: _____

Name: _____

Membership ID Number: _____

Street Address or PO Box: _____

City, State, Zip: _____

Email Address: _____

Phone Number: _____

MAIL TO RECRUITER MAIL TO POST

TO QUALIFY YOU NEED TO RECRUIT (2) NEW MEMBERS INTO THE AMERICAN LEGION.

(A NEW MEMBER IS DEFINED AS ANY ELIGIBLE VETERAN JOINING FOR THE 2026 MEMBERSHIP YEAR WHO WAS NOT A MEMBER OF THE AMERICAN LEGION DURING THE 2025 MEMBERSHIP YEAR). **TRANSFERS DO NOT COUNT AS NEW MEMBERS.)**

NEW AUXILIARY MEMBERS AND SAL MEMBERS DO NOT COUNT TOWARDS THIS INCENTIVE. PLEASE FORWARD THE NAMES OF NEW SAL MEMBERS OR AUXILIARY MEMBERS TO YOUR SQUADRON OR UNIT FOR USE IN THEIR RESPECTIVE INCENTIVE PROGRAMS. CONTACT YOUR STATE HEADQUARTERS FOR MORE INFORMATION.

PLEASE MAKE SURE THAT THE MEMBERS HAVE BEEN PROCESSED BEFORE SUBMISSION. COINS WILL NOT BE MAILED UNTIL THEY ARE VERIFIED ON THE NATIONAL DATABASE.

THE DEADLINE FOR THIS INCENTIVE IS JUNE 30, 2026, OR UNTIL SUPPLIES ARE EXHAUSTED.

(2) NEW MEMBERS:
(Include full name, ID number, department, post)

1. _____
2. _____

Return completed forms to:
The American Legion
Internal Affairs & Membership Division
PO Box 1055
Indianapolis, IN 46206

Fax: 317-630-1413
Email: kadams@legion.org

THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION
Charles L. Bacon Memorial Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____
Complete Address _____
Phone # Home () _____ Work () _____
Date of Birth _____ Graduation Date _____ SAT/ACT Score _____

This application is based on the membership of The American Legion Family, i.e., Legion Member, Auxiliary Member, Sons of The American Legion Member, or a **descendant*** of any member thereof.

Legion Family Members Full Name _____ Membership Number _____

American Legion Post Number or Legion Auxiliary Unit Number or S.A.L. Squadron Number

Family combined gross annual income _____
Number of children under 18 in the family _____
Name and complete address of High School _____

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:
The American Legion Department of Missouri, Inc.
Attn: Education and Scholarship Committee
P.O. Box 179
Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

Charles L. Bacon Memorial Scholarship - Two recipients \$750.00 each.

The \$750.00 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.

Basis for Eligibility:

1. Must be a member of The American Legion Family, i.e., Legion Member, Auxiliary Member, S.A.L. Member, or a descendant* of any member thereof.
2. Be a resident of the state of Missouri.
3. An unmarried dependent under the age of 21.
4. Must be attending an accredited college / university as a full-time student.
5. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
6. Scholarship must be used the first fall semester of a college / university following graduation from high school.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veteran's home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at www.missourilegion.org

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

COMMANDER'S SCHOLARSHIP

(Must be typewritten or printed legibly)

Full name of applicant _____

Complete mailing address _____

Phone # Home () _____ Phone # Work () _____

Date and place of birth _____

Name of Institution Attending _____

Address of Institution _____

Year in College _____ Marital status _____ Number of dependants _____

Combined Gross Annual Income (not taxable income) _____ Are you using the GI Bill? _____

Are you a member of The American Legion? _____ If yes, Post # _____

Payments of this scholarship will be in accordance with the financial rules of the institution you are attending.

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: A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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.

Applicants signature

Date

All inquiries should be directed to Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

Two \$1000.00 Scholarships will be awarded annually to eligible veterans who are currently or planning to attend a vocational technical college, college or university in the state of Missouri. The Education and Scholarship Committee of The American Legion, Department of Missouri will determine the recipients of the scholarship.

Basis for eligibility:

1. Applicant must have served in the U.S. Army, Navy, Marines, Air Force, Space Force, or Coast Guard for a minimum of 90 days and received an Honorable Discharge. **Photocopy of DD-214, Discharge or Separation papers must be included with application.**
2. Applicant must be enrolled or accepted, as a full time student, in an accredited vocational technical college, college or university in the state of Missouri. **A letter verifying enrollment or acceptance from the institution must be attached to application.**
3. Applicant must be a resident of the state of Missouri.
4. The scholarship must be used the following semester after it is awarded.

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.

Please direct questions concerning the scholarship to Mr. A.J. Noonan. Phone (573) 872-9068.

Completed application and supporting documentation should be submitted by April 20, 2026.

THE AMERICAN LEGION



ANNOUNCING 2026 SCHOLARSHIP PROGRAMS

Basic Criteria for Scholarship Awards

The student must be a resident of Missouri. Applicants must be under the age of 21, unmarried and a descendant* of a veteran with at least ninety days active service in the U. S. Army, Navy, Air Force, Marines or Coast Guard, who received an Honorable Discharge for such service. A photocopy of the veteran's DD 214, discharge or separation notice must accompany the scholarship application. Any additional requirements for each scholarship are on the reverse side of the application.

Lillie Lois Ford Scholarship - Two awards of \$1,000 each are given each year. One award is given to a boy who has attended The American Legion Boys State of Missouri or a full session of the Department's Cadet Patrol Academy. The second award is given to a girl who has attended The American Legion Auxiliary's Girls State program or a full session of the Department's Cadet Patrol Academy.

M.D. "Jack" Murphy Memorial Nurses Training Scholarship - Currently one \$1,000 award is given each year, and may, by application, be extended for a second year. This award is available to a Missouri boy or girl training to be a Registered Nurse, and may be used in their freshman or subsequent college years. The student must have graduated in the top forty percent of their high school class or have a "C" or equivalent standing from their last college or university semester.

Joseph J. Frank Scholarship – Five awards of \$750.00 are given annually to individuals who are descendants of a veteran. Applicant must have attended the 2023 session of The American Legion Boys State or The American Legion Auxiliary Girls State program. Applicants must be unmarried, under the age of 21, a current resident of the state of Missouri and must use the scholarship as a full time student in an accredited college or university.

Charles L. Bacon Memorial Scholarship - Two awards of \$750.00 are given annually in memory of the first Missourian to serve as National Commander of The American Legion. Eligible are individuals who are currently members of The American Legion, the American Legion Auxiliary, or the Sons of The American Legion, or a descendant* of a member of any thereof. Applicants must be unmarried, a resident of Missouri, under the age of 21, and must use the scholarship as a full-time student in an accredited college or university and.

Erman W. Taylor Memorial Scholarship - Two \$750.00 awards are given annually to a student planning on obtaining a degree in education, in honor of this Past National Executive

THE AMERICAN LEGION



Committeeman from Missouri. To be eligible, individuals must: (1) be a descendant (2) be a Missouri resident; (3) use the award as a full-time student at an accredited college or university; (4) provide a copy of the discharge certificate for the veteran on whose service the application is made; and (5) submit an essay of 500 words or less on the subject **In your opinion, what was the most significant world event of this past year?**

Shane Dean Voyles Memorial Scholarship - One \$750.00 award will be awarded, annually. (1) Each school in the State of Missouri may nominate **one** student to be considered for the award. (2) The nominee will be selected on athletic, scholastic and leadership abilities. The nominee should be deeply involved in community and school activities. (4) Must use the award as a full-time student at an accredited college or university.

Missouri Detachment, Sons of the American Legion Scholarship – One award of \$500 is given annually to a student who is a member of the Sons of the American Legion or of the Junior Auxiliary of the American Legion. The student must complete an essay on the topic “What being a member of the American Legion Family means to me.”

Direct **all questions** concerning scholarships to:

Mr. A.J. Noonan
Education and Scholarship Committee
(573) 872-9068

Completed applications should be mailed **no later than April 20, 2026** to:

The American Legion Department of Missouri, Inc.
Attn: Education and Scholarship Committee
P.O. Box 179
Jefferson City, MO 65102-0179

***ATTENTION HIGH SCHOOL COUNSELORS ***

Scholarship applications **may be reproduced** as necessary.
Copies of the scholarship applications may also be obtained on the web at
www.missourilegion.org

Some applications require that a counselor’s statement be attached.

THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION
Erman W. Taylor Memorial Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____
Complete Address _____
Phone # Home () _____ Work () _____
Date of Birth _____ Graduation Date _____ SAT/ACT Score _____

* Full name of (veteran) and your relationship i.e.; parent, grandparent or great grandparent

*Name _____ *Relationship _____

Family combined gross annual income _____

Number of children under 18 in the family _____

Name and complete address of High School _____

Attach typewritten essay of 500 words or less.

In your opinion, what was the most significant event of the past year?

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: A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

Erman W. Taylor Americanism Scholarship -Three recipients of \$750.00 each

The \$750.00 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.

Basis for Eligibility:

1. Must be the descendent* of a veteran having served 90 days on active duty in the Army, Air Force, Space Force, Navy, Marine Corps or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with application. The copy must show the date the veteran entered service and the date the veteran left service
2. Be a resident of the state of Missouri.
3. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
4. Student must be planning to major in education. **A counselor's statement must be attached.** The counselor's statement should be on school letterhead, attest to the student's ability and desire to major in education or a related field, and must be signed by the school counselor.
5. Scholarship must be used the first fall semester of a college / university following graduation from high school.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veteran's home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at www.missourilegion.org

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

Joseph J. Frank Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____
Complete Address _____
Phone # Home () _____ Work () _____
Date of Birth _____ Graduation Date _____ SAT/ACT Score _____
Year applicant attended Missouri Boys / Girls State/Cadet _____
Patrol _____

* Full name of (veteran) and your relationship i.e.; parent, grandparent or great grandparent

*Name _____ *Relationship _____

Family combined gross annual income _____
Number of children under 18 in the family _____
Name and complete address of High School _____

What community activities do you or have you participated in? Attach an additional sheet if necessary.

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

**All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com
Letter will notify recipients after July 1, 2026.**

**Completed application should be mailed no later than April 20, 2026 to:
The American Legion Department of Missouri, Inc.
Attn: Education and Scholarship Committee
P.O. Box 179
Jefferson City MO 65102-0179**

Please read carefully and follow all eligibility requirements on reverse.

Joseph J. Frank Scholarship - Five awards of \$750.00 each.

The \$750.00 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.

Basis for Eligibility:

1. One boy who has attended a full session of Missouri Boys State or Missouri Cadet Patrol and one girl who has attended a full session of Missouri Girls State or Missouri Cadet Patrol.
2. Must be the descendent* of a veteran having served 90 days on active duty in the Army, Air Force, Navy, Marine Corps, Space Force, or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with the application. The copy must show the date the veteran entered service and the date the veteran left service.
3. Be a resident of the state of Missouri.
4. An unmarried dependent under the age of 21.
5. Must be attending an accredited college / university as a full-time student.
6. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
7. Scholarship must be used the first fall semester of a college / university following graduation from high school.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veteran's home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at www.missourilegion.org

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

Lillie Lois Ford Scholarship Fund

(Must be typewritten or printed legibly)

Full name of applicant _____

Complete Address _____

Phone # Home () _____ Work () _____

Date and Place of Birth _____ Graduation Date _____ SAT/ACT Score _____

Year applicant attended Missouri Boys State/Girls State or Cadet Patrol Academy _____

* Full name of (veteran) and your relationship i.e.; parent, grandparent or great grandparent

*Name _____ *Relationship _____

Family combined gross annual income _____

Number of children under 18 in the family _____

Name and complete address of High School _____

What community activities do you or have you participated in? Attach an additional sheet if necessary.

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

**All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com
Letter will notify recipients after July 1, 2026.**

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

Lillie Lois Ford Scholarship Fund-Two recipients of \$1,000.00

The \$1,000.00 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.

Basis for Eligibility:

1. One boy who has attended a full session of Missouri Boys State or Missouri Cadet Patrol.
2. One girl who has attended a full session of Missouri Girls State or Missouri Cadet Patrol.
3. Must be the descendent* of a veteran having served 90 days on active duty in the Army, Air Force, Navy, Marine Corps, Space Force or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with application.

The copy must show the date the veteran entered service and the date the veteran left service.

4. Be a resident of the state of Missouri.
5. An unmarried dependent under the age of 21.
6. Must be attending an accredited college / university as a full-time student.
7. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
8. Scholarship must be used the first fall semester of a college / university following graduation from high school.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veterans home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship applications may be obtained on the web at www.missourilegion.org

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

M.D. "Jack" Murphy Memorial Nurses Training Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____
Complete Address _____
Phone # Home () _____ Work () _____
Date and Place of Birth _____ Graduation Date _____ SAT/ACT Score _____

* Full name of (veteran) and your relationship i.e.; parent, grandparent or great grandparent

*Name _____ *Relationship _____

Family combined gross annual income _____
Number of children under 18 in the family _____
Name and complete address of High School _____

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

**All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com
Letter will notify recipients after July 1, 2026.**

**Completed application should be mailed no later than April 20, 2026 to:
The American Legion Department of Missouri, Inc.
Attn: Education and Scholarship Committee
P.O. Box 179
Jefferson City MO 65102-0179**

Please read carefully and follow all eligibility requirements on reverse.

M. D. "Jack" Murphy Memorial Nurses Scholarship - One award of \$1,000.00.

The scholarship may be extended for one additional year by reapplying.

The \$1,000.00 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.

Basis for Eligibility:

1. One applicant planning a career as a Registered Nurse. The scholarship must be used the first fall semester upon completion of high school.
2. Must be the descendent* of a veteran having served 90 days on active duty in the Army, Air Force, Navy, Marine Corps or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with the application. The copy must show the date the veteran entered service and the date the veteran left service.
3. Be a resident of the state of Missouri.
4. Shall be an unmarried dependent under the age of 21.
5. Must be attending an accredited college / university as a full-time student.
6. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
7. Applicant must graduate in the top 40% of his / her class.
8. **A counselor's statement must be attached.** The statement should be on school letterhead, attest to the student's ability and desire to major in nursing, certify that the student is in the top 40% of their class, and be signed by the school counselor.

(*) DEFINITION OF "DESCENDANT": Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of person and living in the veterans home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship application may be obtained on the web at www.missourilegion.org

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI
SCHOLARSHIP AWARD APPLICATION**

MO Detachment, Sons of the American Legion Scholarship

(Must be typewritten or printed legibly)

Full name of applicant _____

Complete Address _____

Phone # Home () _____ Work () _____

Date of Birth _____ Graduation Date _____ SAT/ACT Score _____

Applicant Membership Number () SAL _____ Membership ID Number _____

or () Junior Auxiliary

Family combined gross annual income _____

Number of children under 18 in the family _____

Name and complete address of High School _____

What school and community activities do you or have you participated in? Attach an additional sheet.

Attach an essay outlining what being a member of the American Legion Family means to you.

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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

All inquiries should be directed to: Mr. A. J. Noonan, Chair (573) 872-9068 or ajnoonan2004@yahoo.com

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

MO Detachment, Sons of the American Legion Scholarship – One Award of \$500.00 .

The \$500.00 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.

Basis for Eligibility:

1. One student who is a member of the Sons of the American Legion or the Junior Auxiliary of the American Legion.
2. Must attach a copy of most recent High School transcript
3. Must attach an essay on the topic "What being a member of the American Legion Family Means to me.
4. Be a resident of the state of Missouri.
5. An unmarried dependent under the age of 21.
6. Must be attending an accredited college / university as a full-time student.
7. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
8. Scholarship must be used the first fall semester of a college / university following graduation from high school.

This scholarship application may be obtained on the web at www.missourilegion.org

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. Use plain paper to add supporting information)

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; A.J. Noonan, Mark Reed, Alex Slocum, Rose Noonan, Robert "Bob" Maddox, or Thomas Tanner.

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 award of \$750.00.

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.

Supporting Information may be submitted as needed/desired.

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.

The \$750.00 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.

All inquiries should be directed to Mr. A. J. Noonan, Chair (573) 872-9068

Letter will notify recipients after July 1, 2026.

Completed application should be mailed no later than April 20, 2026 to:

The American Legion Department of Missouri, Inc.

Attn: Education and Scholarship Committee

P.O. Box 179

Jefferson City MO 65102-0179

This scholarship application may be obtained on the web at www.missourilegion.org