

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, John Buckwalter, or Albert Jackson.

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
Letter will notify recipients after July 1, 2024.

Completed application should be mailed no later than April 20, 2024 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