

**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; John Buckwalter, Mark Reed, Alex Slocum, Robert Maddox, or A.J. Noonan.

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. John Buckwalter, Chairman (660) 626-3626**

**Letter will notify recipients after July 1, 2023.**

**Completed application should be mailed no later than April 20, 2023 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](http://www.missourilegion.org)**