



**THE AMERICAN LEGION  
PRESCOTT-BAYENS POST 83, INC.  
P.O. BOX 663  
SHEBOYGAN, WI 53082-0663**

**WHEN FILLING OUT YOUR APPLICATION PLEASE REMEMBER THESE POINTS.**

1. Applications must be post-marked by March 1<sup>st</sup>, 2025. Address to:

The American Legion Prescott-Bayens Post 83  
Scholarship Committee  
P.O. Box 663  
Sheboygan, WI 53082-0663

2. The application must be typed or neatly printed. Additionally, include an official High School Transcript indicating class standing from your guidance office.
3. No other form will be accepted for this scholarship other than the official Post 83 Scholarship Application Form.
4. A typed essay of no more than 300 words in length shall be provided on a separate sheet and attached to this form. Ensure your name is on the bottom left corner of your essay. Present your case as to why you should be considered for receiving this scholarship. Tell us about yourself and your accomplishments. Elaborate on your educational plans, outside activities, sports, clubs, and work. Include leadership/supervisory positions you have held, or community service projects you have participated in.

FULL NAME \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SCHOOL OFFICE TO COMPLETE: \_\_\_\_\_ CLASS RANK \_\_\_\_\_ GPA \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

RELATIVE WITH MILITARY SERVICE (name) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_ ARE THEY A MEMBER OF LEGION POST 83? YES \_\_\_\_\_ NO \_\_\_\_\_

PLANNED COLLEGE/TECHNICAL SCHOOL \_\_\_\_\_

PLANNED MAJOR/DISCIPLINE \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

AWARDS AND RECOGNITION \_\_\_\_\_

CLASS OFFICES HELD \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_

**PARENTS/GUARDIANS FINANCIAL INFORMATION**

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PARENTS GROSS ANNUAL INCOME \_\_\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_

OPTIONAL QUESTION: ARE YOU IN FOSTER CARE? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE/DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE/DATE

Recipient of this scholarship must provide proof of enrollment at an accredited institution of higher learning by October 15<sup>th</sup> following graduation.