

**THE AMERICAN LEGION, DEPARTMENT OF WYOMING
E. A. BLACKMORE MEMORIAL SCHOLARSHIP**

(Please type or print information, except where signatures are required. If additional space is needed, attach additional sheets.)

Post No: _____

Name: _____ Phone #'s: _____

Mailing Address: _____
(Include Street, or P.O. Box, Town, State and Zip)

Social Security Number: _____ Birthdate: _____ Age: _____

Related to Legionnaire - Name: _____ of Post # _____ located
in _____ Legion Card # _____ Relationship: _____

Applicant's status:

Student/Dependent of Parents. Their occupations are: _____

Single Married - Spouse's Occupation: _____ Dependent Children

If applicable, please list any other dependents, including children (Names and ages):

College choice: _____ Major will be: _____

High School last attended _____

High School mailing address: _____

Date of Graduation: _____

Standing in graduating class _____ (school verification must accompany application.)

Are you receiving other scholarships/grants? Please describe and include monetary amount.

Community/Legion Family involvement's are:

School involvement's are:

Post Commander's recommendation of why your nominee should be selected:

Post Commander's or Representative's Signature

Title

Date

The applicant swears all information above is correct to the best of their knowledge.

Applicant's Signature

Date