

DAVENPORT POST 26 AMERICAN LEGION

Harvey W. Klindt Scholarship



APPLICATION

1. Scholarships are awarded on the basis of financial need and such personal qualities as Patriotism, Character and Leadership abilities as demonstrated in school and community activities.
2. Applicants must be sons, grandsons, daughters or granddaughters of Veterans. In the event of a tie, preference is given to children and grandchildren of Post 26 American Legion members.
3. This scholarship is a onetime grant, for graduating seniors in high school only.
4. The Scholarship Committee reserves the right to limit awards to qualified students. There is no automatic grant to graduates of a particular school (public, private or homeschool). Applicants shall be a resident of the City of Davenport and graduate from a school within the city limits; however, Davenport Post 26 members having a child or grandchild graduating from a Scott County school are also eligible.
5. Students may apply any funds granted to any institution of higher learning of their choice.
6. Applications must be completed and returned to your high school counselor or sent to Davenport Post 26 American Legion at 702 W. 35th Street, Davenport, Iowa 52806 on or before April 15th of the current year.

NAME: _____ SCHOOL: _____

Last

First

Middle

PERSONAL DATA

I hereby apply for a scholarship under the American Legion Post 26 Scholarship Program and submit the following:

1. Name _____
Last *First* *Middle*

2. Home address _____
Street *City* *State* *Zip*

3. Date of Birth _____ Phone No. _____

4. High School name _____

Date you entered high school _____

Anticipated date of graduation _____

5. Which relative is (was) the veteran? _____

Is (was) he (she) a member of Post 26? Yes No Approx Dates _____

6. Full name and home address of your father _____

7. Full name and home address of your mother _____

8. Did you earn any money while in high school (including summers)? Yes No

How much did you earn in total? _____

What kind of work did you do (either for your family at home or for outside employers)? _____

Are you presently employed? Yes No If so, what is your job? _____

9. How are you planning to finance your education? _____

10. My rank in my high school graduation class will probably be number _____ (1 is the highest, 2 is the second highest, etc.). The approximate number of students in my high school graduating class will be _____.

14. In what Institution of higher learning do you wish to enroll?

First Choice _____

Second Choice _____

Third Choice _____

NOTE: Your choice will not affect your chances of winning a scholarship.

15. What general course of study do you plan to take? _____

NOTE: Your choice will not affect your chances of winning a scholarship.

16. If there is anything you would like to add that has not already been brought out in this form, then add it in the space provided. _____

CERTIFICATION

I certify that all statements contained in the foregoing application are true and correct.

Dated _____ Signed _____

RELEASE OF INFORMATION

I authorize my school to provide information, including confidential transcripts of my grades, to the Scholarship Committee. Transcript and ACT or SAT to accompany application.

Signature of Student _____

This application meets with my approval.

Signature of parent or guardian _____