

2023 SCHOLARSHIP APPLICATION

EDWARD L. WALMSLEY MEMORIAL SCHOLARSHIP

The American Legion – Department of Maryland
District One

Student Full Name: _____

Address: _____

Home Phone: _____ **DOB:** _____

Parents Name: _____

Veteran Sponsor

Name: _____

Relationship: _____

Branch of Service: _____

Date of Service _____

Deceased? _____

Member of Post, Unit or Squadron _____ **Location** _____

Your Legion Family Activities:

Boys/Girls State: _____ **Highest Office Held** _____

Legion Baseball _____ **Oratorical** _____ **JR Shooting** _____

Other _____

Are you a member of the SAL or Auxiliary: _____ **Post?** _____

Are You Employed? _____ **Employer:** _____

Job Duties: _____

Community Service Activities and Honors and Awards (non-school)

School Activities: (attach extra pages if needed)

(Honors, Awards, Community Service, Clubs, Sports et.al)

Sports: _____

Clubs and Other Activities: _____

Awards and Honors: _____

Education Plans after Graduation: _____

This Section to Be Completed and signed by the Guidance Counselor :

School Name: _____ **Phone Number** _____

Guidance Counselor: _____

Student GPA: _____ **Class Rank** _____ **of** _____ **students**

SAT SCORES: VERBAL _____ **Math** _____

Colleges Applied /Accepted: _____

Signature of School Official: _____ **Date:** _____