APPLICATION – 2019/2020
SCHOLARSHIP – 500.00
SPONSORED BY CECIL COX UNIT 147
AMERICAN LEGION AUXILIARY
CLOVIS, CALIFORNIA

1. Name:_____

2. Address: _____
Street City Zip

3. Date of Birth: _____ City/State of Birth: _____

4. Eligibility Check one of the following:

_____ Child of Veteran _____ Grandchild of Veteran

_____ Great Grandchild of Veteran _____ Relative of Veteran

If family member deceased, please give serial number if possible: _____

Date and location of death of family member: _____

5. Name of father, mother or guardian: _____

6. Please state reason(s) for applying for scholarship. May provide financial status information (optional) or discuss financial need: _____

_____

_____

_____

7. Name of College or University you will be attending:_____

8. Submit **Application, Resume, Sealed Transcript of Grades and two Letters of Recommendation by APRIL 17 to: Mine Ikeda, Scholarship Chairperson**
3616 E. International Ave.
Clovis, Ca 93619 Phone:298-0356

_____ _____
Signature of Applicant Date

_____ _____
Signature of Scholarship Chairperson Date