

**Statement of Applicant:** Please type (Approximately 100 Words)

The statement must be in your own words.

**A TRUE STATEMENT:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

School Officials Comments; : \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Title: \_\_\_\_\_

Post 234 Scholarship Committee Review: \_\_\_\_\_

\_\_\_\_\_

VINCENT F. PICARD POST 234  
THE AMERICAN LEGION

# Scholarship Application

## 2016



VINCENT F. PICARD POST 234  
THE AMERICAN LEGION

402 West Main Street  
Northborough, MA 01532-0234  
508-393-3641

[www.AmericanLegionPost234.com](http://www.AmericanLegionPost234.com)

**Statement of conditions  
of these scholarships**

1. These scholarships shall be in memory of:  
**Pvt. Vincent F. Picard, U.S.Army WWI**  
**LtCol Irving T. Shanley, 82<sup>nd</sup> Abn Div. WWII**
3. They are payable from the Scholarship Fund of the Vincent F. Picard Post 234, The American Legion.
4. Vincent F. Picard Post, The American Legion, may grant four **\$500** scholarships to be used toward the expenses of education. The applicant must be the child, grandchild, niece, or nephew whose relative is...  
**A.**...a current member in good standing of Picard Post 234, or  
**B.** ...a veteran of US Military Service, or  
**C.** ...a member of the US Military on active duty.  
Note: *Post Scholarship Committee may waive these requirements.*
5. Applications shall be filed on or before April 8th with the Scholarship Committee, Vincent F. Picard Post 234, The American Legion, PO Box 234, Northborough, MA 01532-0234.
6. The scholarship shall be for the next school year only and is limited to incoming freshmen. The scholarship committee will make it's selections before April 20th.
7. Scholarship payments shall be made directly to the recipient at the end of the first semester. Grades for the first semester must be submitted to Post 234. The scholarship will be withheld if the student fails to remain in good standing.

**Application for Scholarship**

A **transcript of marks** with SAT scores and class rank provided by the high school Guidance Office must be submitted with the completed application.

A **letter of recommendation** from a school official, counselor or teacher shall accompany the application.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Secondary School: \_\_\_\_\_  
Town: \_\_\_\_\_ ZIP: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
School or College that you will be attending: \_\_\_\_\_ Location: \_\_\_\_\_  
SAT Scores: Verbal \_\_\_\_\_, Math: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit on separate piece of paper:** Community and Volunteer activities.

**Other financial awards received:** \_\_\_\_\_

**Family Record**

1. a. Legionnaire's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
b Veteran's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Branch of service: \_\_\_\_\_  
c. Active duty person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Branch of service: \_\_\_\_\_
2. Submit "copy" of Legionnaire's current membership card, or veteran's form DD 214, or military ID card of person on active duty.
3. List names of your immediate family living at home: (Parents and siblings)  

A. Parent (s)/guardian	Occupation
_____	_____
_____	_____

  
**B. Siblings, School, Grade:**  

_____	_____	_____
_____	_____	_____