



AMERICAN LEGION OHIO WARRIORS SCHOLARSHIP

2020 Application

Scholarship Background

The scholarship will provide financial assistance to dependents of Ohio services members Killed in Action.

Eligibility Criteria

- Candidates must be a legal dependent of an Ohio service member Killed in Action (KIA) since September 11, 2001 who served in the War on Terror.
- Candidates must attend an accredited two- or four-year college or university, trade program, or apprenticeship program.

Award Amount

\$500

Send COMPLETE Applications to:

Mail to:

American Legion Ohio Warriors
Scholarship
Attention Scholarship Manager
The Columbus Foundation
1234 East Broad Street
Columbus, OH 43205

Email to:

scholarshipmanager@columbusfoundation.org

Fax to:

614/251-4010

Application Requirements

Return documents listed below in ONE envelope.

<input type="checkbox"/> Page 1	Cover Sheet	This shows that all boxes are checked to ensure all documents are included.
<input type="checkbox"/> Page 2	Application Form	Contact and College/University Information.
<input type="checkbox"/> Attachment 1	Essay	See application form for more information.
<input type="checkbox"/> Attachment 2	Transcript	Most recent Transcript
<input type="checkbox"/> Attachment 3	Resume	This should be <u>simple</u> and include a list of extracurricular activities, employment, education, volunteering, etc.

Applications are considered **INCOMPLETE** until all **pages and attachments** have been received.

Student/Applicant Contact Information

Name:

Mr. Ms. _____
First Name Middle Initial Last Name

Address: _____
Street

_____ City _____ State _____ Zip

Phone: _____ / _____ Area Code **Date of Birth:** _____ Month /Day/Year

Email Address: _____





AMERICAN LEGION OHIO WARRIORS SCHOLARSHIP

2020 Application

Student/Applicant Education Information

Student Name:

Mr. Ms. _____
First Name Middle Initial Last Name

High School

Graduating High School: _____
Name City, State

High School Graduation Date: _____

Post-Secondary Plans

In the 2020-2021 academic year, I plan to attend: _____
Post-Secondary Institution

College/University: _____ Intended Start Date: _____
City, State

Planned Major or Course of Study: _____

Service Member Information

Are you a legal dependent of an Ohio service member Killed in Action (KIA) who served in the War on Terror since September 11, 2001: Yes. No

Name of Ohio Service Member KIA: _____

Relationship to Service Member: _____

By signing below, you certify that all questions have been answered truthfully and grant permission to the American Legion Post 457 and The Columbus Foundation to use the applicant's name, picture, and pertinent information, etc. as a means of publicity for the applicant and the scholarship fund.

Applicant Signature

Date Signed

If Applicant is Under 18 at the time of Application, Guardian Name

Guardian Relationship

If Applicant is Under 18 at the time of Application, Guardian Signature

Date Signed

