



MAIL TO:

THE AMERICAN LEGION  
DEPARTMENT OF NEW HAMPSHIRE  
121 South Fruit St  
CONCORD NH 03301

**ALBERT T. MARCOUX MEMORIAL SCHOLARSHIP APPLICATION**

**\$2000.00**

Please provide the following information:

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INIT.) (AGE)

ADDRESS \_\_\_\_\_  
(STREET OR P.O. BOX) (CITY, STATE, ZIP CODE)

TELEPHONE \_\_\_\_\_ RESIDENT OF NEW HAMPSHIRE \_\_\_\_\_ YEARS

NAME OF PARENT OR GUARDIAN YOU LIVE WITH \_\_\_\_\_

EMPLOYER & EMPLOYMENT FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

TOTAL HOUSEHOLD INCOME BEFORE DEDUCTIONS \$ \_\_\_\_\_

NUMBER OF YOUNGER CHILDREN IN YOUR FAMILY \_\_\_\_\_

NUMBER OF FAMILY IN COLLEGE OR POST SECONDARY SCHOOL NEXT YEAR \_\_\_\_\_

**COLLEGE EXPENSES**

**ANTICIPATED RESOURCES**

Tuition and Fees \$ \_\_\_\_\_

Parents Contributions \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Scholarship & Grants \$ \_\_\_\_\_

Books and Supplies \$ \_\_\_\_\_

Your Contribution \$ \_\_\_\_\_

Personal \$ \_\_\_\_\_

College Work Study \$ \_\_\_\_\_

Travel\Commuting \$ \_\_\_\_\_

Other (Specify) \$ \_\_\_\_\_

Others \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**\*\* APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION WITH THIS APPLICATION**

- 1 A photo copy of your mother or father's **LEGION** or **AUXILIARY** current membership card. In case of deceased parent (s), membership at time of death is hereby certified by the Post Adjutant.
- 2 Evidence of acceptance to an accredited four (4) year college or university leading to a Bachelors Degree.
- 3 A resume to include such information as educational background, all school and outside activities, and other information you feel is important.
- 4 Brief narrative of explanation of intended vocation to be pursued.
- 5 A transcript of high school grades for Junior and Senior years, showing at least a "B" average.
- 6 At least two (2) letters of endorsement, (i.e. Teachers, Principal or other prominent members of your community).

**WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.**

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Parent or Guardian Signature

Scholarship for applicant entering first year of a four (4) year college or university leading to a Bachelors degree and has been a resident of New Hampshire at least three (3) years.

**\*\* APPLICATION MUST BE RECEIVED NO LATER THAN MAY 1st**