



**THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE
APPLICATION FOR
JOHN A. HIGH CHILD WELFARE SCHOLARSHIP**

\$2,000

Application must be submitted to the Department Headquarters, 21 South Fruit St, Concord, NH 03301
No later than May 1.

1. Name of Applicant: _____

Date of Birth: _____

Address: _____

2. Name of Father: _____

Member of Post #: _____ For _____ Years

3. Name of Mother: _____

Member of Post/Unit #: _____ For _____ Years

4. If a deceased veteran, give brief statement of service and date and place of death:

5. Number of children in family:

a. Under 18 years of age: _____

b. Over 18 years of age: _____

c. Number of children now attending college: _____

6. Occupation of father: _____ Annual income: \$ _____

7. Occupation of mother: _____ Annual income: \$ _____

8. Date of graduation from high school: _____

9. College or school applicant desires to attend and course curriculum planned to attend:

Date: _____ Signature of Applicant: _____

PHOTO COPY OF POST, UNIT, OR SQUADRON MEMBERSHIP CARD REQUIRED
WITH THIS APPLICATION. (PARENT, SELF, OR GRANDPARENT)