Department of New Hampshire
American Legion College

Application

Name:

Post:

Contact Information:

Current elected or appointed Position(s):

Former elected or appointed Position(s):

American Legion Basic Course Completion Date: (Attach a copy of certificate)

Attached

Reason for wishing to attend Legion College (250 words or less, attach a copy):

Attached

Greatest Leadership success or failure and how did it make you a better leader. (250 words or less)

Attached

Staff only

Notification Made _____

Accepted _____ Denied_____