



**THE AMERICAN LEGION
DEPARTMENT OF NEW HAMPSHIRE
APPLICATION FOR**

\$2,000

JOHN A. HIGH CHILD WELFARE SCHOLARSHIP

Application must be submitted to the Department Headquarters, 121 S. 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: _____