



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 \$ \_\_\_\_\_

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**\*\* 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**