



American Legion Post # 24  
220 Connector Rd.  
Georgetown, KY. 40324

American Legion Post No. 24 will be awarding multiple \$1,000 Scholarships for academic year 2024-2025. Scholarship applicants must be related to an active American Legion member of Post #24 (e.g. son, daughter, stepchild, grandchild, etc). The recipients of the scholarships will be chosen on the basis of scholastic achievement, Leadership qualities, community involvement and financial need. The decision of the Scholarship Committee shall be final.

**Qualification Requirements:**

1. A graduating high school senior, college freshmen-junior or college senior applying to graduate school in 2025.
2. The applicant has not previously received a scholarship from American Legion Post #24.
3. The applicant must be continuing his/her education at an accredited school during the Fall 2025 semester.
4. The applicant must be recommended by two teachers of attending high school or receive letters of recommendation from two college professors.
5. The applicant must include a high school or college transcript.
6. The application must be completed and returned to the high school counselor or a member of the American Legion Post 24 Scholarship Committee by Friday, March 28th, 2025.

Teacher recommendation forms are included with this application. Students are to leave these forms with the teachers they select. Teachers are to complete these forms confidentially and return the completed forms to the school counselor's office. Letter of recommendation format is left to the discretion of the college professor/applicant but must address the student's field of study and academic potential.

All applicant information will be kept confidential.

Thank you,  
American Legion Post #24 Scholarship Committee  
Mark Webb, Chairman  
859-494-8427

American Legion Post # 24

Georgetown, KY. 40324

Scholarship Application

Teachers Recommendation Form

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Please rate the following student as indicated below:

Student's Name: \_\_\_\_\_

Teacher completing this form and subject taught: \_\_\_\_\_

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Circle the appropriate number to describe the abilities and achievements of the above named student. 1 is the lowest rating and 5 is the highest rating.

Demonstrates scholastic ability:            1       2       3       4       5

Demonstrates leadership ability:            1       2       3       4       5

Assumes responsibility:                    1       2       3       4       5

Tolerant of opinions of others:            1       2       3       4       5

Shows self-control and poise:            1       2       3       4       5

Shows mastery in the use of oral  
And written English:                    1       2       3       4       5

Shows resourcefulness and creativity:    1       2       3       4       5

Please return this form to the Guidance Counselor before April 2nd, 2024

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Additional Comments:

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# American Legion Post # 24

Georgetown, KY. 40324

Scholarship Application

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a family member who belongs to the American Legion Post # 24? Yes or No (Circle One)

Relationship/Name: \_\_\_\_\_

What is the member's card number \_\_\_\_\_ and for what year did he/she pay their last dues.

Membership dues paid for year \_\_\_\_\_

To which colleges have you applied? \_\_\_\_\_

Have you been accepted by a college? \_\_\_\_\_

If so, what college(s)? \_\_\_\_\_

If not, when do you expect to hear? \_\_\_\_\_

Have you applied for financial aid or plan to do so? \_\_\_\_\_

From whom? \_\_\_\_\_ Amount \_\_\_\_\_

List other members of your family:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Statement of Applicant: I understand and agree to the terms under which the financial aid is provided as set forth herein.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date Signed:

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

\_\_\_\_\_  
Date Signed: