

**LEON BURSON POST 395**  
**“BARNEY UGLAND” SCHOLARSHIP APPLICATION**

(Use additional paper if needed )

Page 1 of 3

Date \_\_\_\_\_

Applicants name (print) \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Students SS# \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parents Name (print)

\_\_\_\_\_

Address of Parents

\_\_\_\_\_

**REQUIRED:** Leon Burson Post 395 membership ID # \_\_\_\_\_ of Parent or Grandparent

**Circle One:** Legionnaire      Auxiliary      Son of the Legion (SAL)

Occupation of Parents

\_\_\_\_\_

Annual Family Income \$ \_\_\_\_\_ Number of Dependent Children at Home \_\_\_\_\_

State Briefly Your Work Experience, if any

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Briefly Your Volunteer Work, Activities Participated in and Offices Held if Any, in School or Your Church or Community

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Will you need to be employed to complete your education goal? Circle One: In Part Entirely

What College (School) do You Plan to Attend ? \_\_\_\_\_

What Career do You Plan to Prepare For? \_\_\_\_\_

What Degree, Diploma or Certificate do you Plan to Earn? \_\_\_\_\_

Why do You Need This Scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do You Feel You Merit This Scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are There Any Extenuating Circumstances That Should be Considered? Please Explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a short (50 words or less) history describing the birth of the American Legion and its development. (Type on an additional page)

Write a 150 word or less composition telling what the ideals and goals of the American Legion means to You, both nationally and locally. (Type on an additional page)

**“ONLY APPLICATIONS COMPLETED BY MAY 1<sup>st</sup> WILL BE CONSIDERED”**  
**MAKE A COPY OF ALL MATERIALS FOR YOUR RECORDS**

**PLEASE SIGN & PLACE ALL PAGES OF THE APPLICATION AND ANY ADDITIONAL PAGES IN AN ENVELOPE AND RETURN IT TO THE PLANO HIGH SCHOOL COUNSELOR.**

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parents

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_

**Portion below to be completed by High School Guidance Counselor:**

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ ACT Score \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date