

Legacy Scholarship Application



The American Legion Riders Post 259 Legacy Scholarship provides monies to children of post 9/11 active duty, veterans and active first responders, who are seeking higher education.

Please complete the form below. Include your transcript and the DD-214 of your active duty or veteran parent or for first responders their FDID# or NYSID# and letter from their chief officer.

PERSONAL INFORMATION

DATE OF APPLICATION

/ /

Full Name :

Date of Birth : / / Phone : Email :

Physical Address :

City : State : Zip Code :

Mailing Address :

City : State : Zip Code :

FAMILY INFORMATION

Fathers Name :

Address (if, different) :

City : State : Zip Code :

Place of Employment : Occupation:

Mothers Name :

Address (if, different) :

City : State : Zip Code :

Place of Employment : Occupation:

Parent's Gross Income : Under \$29,999 \$30,000 - \$39,999 \$40,000 - \$49,999
 \$50,000 - \$59,999 \$60,000 - \$69,999 \$70,000 - \$79,999
 \$80,000 - \$89,999 \$90,000 - \$99,999 Over \$100,000

MILITARY SERVICE / FIRST RESPONDER INFORMATION

Which parent :

Serves(d) in Armed Forces : Father Mother Active First Responder: Father Mother

Branch of Service (s) : FDID # : NYSID # :

On active duty now? : Yes No Periods of Service :

Are/were they a member of the American Legion? No Yes Post: Member #:

EDUCATION

Name of High School : Graduation Date (mm/yy) : /

Institution you will be attending : Area of Study:

Address of Institution :

SCHOOL ACTIVITIES

List clubs, organizations and activities you participated in and leadership positions you held (i.e. President, Secretary, etc.).

School Year	School Activity	Leadership Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List awards and recognitions you received. (i.e. Honor Roll, Sports Letters, competition awards, etc.).

School Year	Award or Recognition
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

List community and/or charitable involvement.

Year(s)	Organization	Hours Involved	Activities Performed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ALR POST 259 INFORMATION

A : 279 Chestnut St. Oneonta, NY 13820

P : 607-432-0494

E : riders@alrpost259.org

I affirm that all information in this application is truthful & accurate to the best of my knowledge.

Applicant Signature

THANK YOU FOR YOUR APPLICATION!