



Neptune Township
Unit #346
American Legion Auxiliary
Department of New Jersey

The Lillian Perlman Scholarship

One Scholarship in the amount of \$1000.00 will be awarded in the 2016-2017 Auxiliary year.

- 1) Mail all information in one envelope to the person listed below. **DO NOT RETURN TO SCHOOL OFFICE.**

Return Application to Unit Education Chairman at the following address:

Attn: Danielle Bertini
21 Gully Road
Neptune, NJ 07753
Phone: 609-290-7654

or email your application to:

DanielleMBertini@gmail.com
(preferred)

This scholarship is available only to the children and grandchildren of Members of the American Legion Post #346 or American Legion Auxiliary Unit #346, who will be attending college.

- 2) Fill all blank spaces. If an item does not apply put "NA" (Not Applicable) in the space.
- 3) Attach a copy of your High School Transcript. (*Failure to supply this will invalidate your application* – All requested information must be included)
- 4) Copy of American Legion Membership Card whom eligibility is from.
- 5) Attach a typed essay of 500 Words on the topic of
"What does patriotism mean to me"

Deadline for submission of application is May 1st, 2017

- 6) Winners will be advised by mail on or about June 1, 2017

APPLICATION FOR SCHOLARSHIP AWARD

LILLIAN PERLMAN SCHOLARSHIP

Fill out this form in your own handwriting.

DATE: _____

NAME IN FULL: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____
NO. & STREET CITY NJ ZIP

SCHOOL: _____ GRADUATION DATE: _____

RANK IN CLASS: _____ NUMBER OF STUDENTS IN CLASS: _____

SAT SCORE: VERBAL: _____ MATH: _____ GPA: _____

DATE OF BIRTH: _____ SCHOOL YOU PLAN TO ATTEND: _____

FATHER'S NAME: _____ OCCUPATION: _____ ANNUAL SALARY: _____

MOTHER'S NAME: _____ OCCUPATION: _____ ANNUAL SALARY: _____

GRANPARENT'S NAME: _____

(Fill in if applying under grandparents' name)

PARENT'S OR GRANDPARENT'S BRANCH OF SERVICE: _____

(ARMY, NAVY ETC.)

DATES OF SERVICE: _____

ENTERED

DISCHARGED

CHARACTER OF MILITARY DISCHARGE: _____

IS VETERAN MEMBER DECEASED: _____ IS VETERAN MEMBER DISABLED: _____

YES OR NO

YES OR NO

NUMBER OF CHILDREN IN YOUR FAMILY: _____ NUMBER OF CHILDREN IN COLLEGE: _____

POSTITIONS YOU HAVE HELD IN GAINFUL EMPLOYMENT: _____

YOUR INCOME FOR THE PAST YEAR: _____

IF REQUIRED PLEASE SUPPLEMENT WITH ADDITIONAL PAGES:

SCHOOL OFFICES HELD AND EXTRA CURRICULAR ACTIVITIES: _____

SCHOOL AWARDS AND CITATIONS: _____

COMMUNITY ACTIVITIES AND OTHER ACTIVITIES OUTSIDE SCHOOL: _____

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION: _____

LIST OTHER SCHOLARSHIPS OR GRANTS APPLIED FOR AND/OR RECEIVED: _____

PLEASE EXPLAIN ANY SPECIAL CIRCUMSTANCES THAT WOULD QUALIFY YOU FOR THIS SCHOLARSHIP:

I HAVE READ THIS APPLICATION AND CERTIFY THAT THE STATEMENTS CONTAINED THEREIN, TO THE BEST OF MY KNOWLEDGE, ARE CORRECT.

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE