

Return to  
Mr. Burkhardt  
by January 16<sup>th</sup>



## EDWARD L. WALMSLEY MEMORIAL SCHOLARSHIP

THE AMERICAN LEGION – DEPARTMENT OF MARYLAND

Eastern Shore Region – District 1

### SCHOLARSHIP APPLICATION

Student Full Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

#### Veteran Sponsor

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

Branch of Service: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Member of Post, Unit, Squadron, or Riders: \_\_\_\_\_ Location: \_\_\_\_\_

Active Membership or Deceased? \_\_\_\_\_ Member ID \_\_\_\_\_

**Your Legion Family Activities:**

Boys/Girls State: \_\_\_\_\_ Highest Office Held: \_\_\_\_\_

Legion Baseball: \_\_\_\_\_ Oratorical: \_\_\_\_\_ Jr Shooting: \_\_\_\_\_

Other: \_\_\_\_\_

Are you an active member of the SAL or Auxiliary: \_\_\_\_\_ Post? \_\_\_\_\_

Are you employed? \_\_\_\_\_ Employer: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**Community Service Activities, Honors and Awards (non-school)**

**School Activities: (Honors, Awards, Community Service, Clubs, Sports et.al)**

Sports: \_\_\_\_\_

\_\_\_\_\_

Clubs and other Activities: \_\_\_\_\_

\_\_\_\_\_

Awards and Honors: \_\_\_\_\_

\_\_\_\_\_

Education Plans after Graduation: \_\_\_\_\_

\_\_\_\_\_

**ATTACH ADDITIONAL PAGES/ DOCUMENTS AS REQUIRED**



## EDWARD L. WALMSLEY MEMORIAL SCHOLARSHIP

THIS SECTION IS TO BE COMPLETED AND SIGNED BY THE SCHOOL GUIDANCE COUNSELOR OR REPRESENTATIVE

Student Name: \_\_\_\_\_ County: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Print) Guidance Counselor: \_\_\_\_\_

Student GPA: \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_ students

SAT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

Colleges Applied/Accepted: \_\_\_\_\_

\_\_\_\_\_

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_