



NEW YORK AMERICAN LEGION PRESS ASSOCIATION

The Albert M. Becker Memorial Scholarship Application

NAME _____ AGE _____

STREET ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Applicant is a:

- Child or grandchild of a member of The American Legion or Auxiliary
- A member of the Sons of The American Legion
- Graduate of New York State American Legion Boys State or Girls State
- Member of The American Legion or the American Legion Auxiliary

Membership: NAME _____ CARD # _____

If a graduate of Boys State or Girls State, indicate the year you graduated _____

Note: A copy of the membership card(s) or graduation certificate must be attached

The secondary school you will graduate from in June (If applicable)

Name _____

Address _____

Phone _____

College you are accepted to or are attending (Attach proof of Major)

Name _____ Major _____

Address _____ Phone _____

Year in school _____ Vocational Goal _____

Honors or recognition for academic or civic work: _____

Clubs you have been active in: _____

A 500-word essay expressing why you have chosen the field of communications as your vocation, proof of eligibility, proof of collage major and a copy of your high school and/or college transcript must accompany this application. Recipient must attend awards luncheon held in July during the American Legion Department Convention.

Signature of Applicant _____ **Date** _____