

The American Legion Family College of New York
Class of 2019 - SUNY Morrisville
May 31 - June 2 – 2019

Application

Name _____ M ___ F ___ Phone (____) _____
Address _____ City _____, NY Zip _____
Post /Unit/Squadron Name _____ Number _____ County _____ District _____
E-Mail _____ Years in Legion/Aux/SAL _____

War Era _____ Completed American Legion Extension Institute: Yes ___ No ___

Legionnaire ___ Auxiliary ___ SAL ___ Rider ___

Leadership Positions Held in The American Legion Family: _____

Do you have any food allergies? No ___ Yes ___ (*explain*) _____

There is an extensive amount of walking. Do you have any mobility problems? No ___ Yes ___

The College *may* share my contact information with the College Alumni Association: Yes ___ No ___

- Tuition covers two nights' dormitory lodging, five (5) meals, and all college materials.
- Use of Bell Jar or General Post Funds is acceptable, and encouraged, to sponsor member tuition.
- Only one person, and tuition, per application.
- A check for **\$225.00 tuition**, made payable to *The American Legion Department of New York*, must accompany this application. Check number: _____
- Application Deadline: **April 1, 2019.**
- Mail completed application, *with payment*, to:
The American Legion –DNY – 112 State St - Suite 1300, Albany, NY 12207
- Notification of acceptance to The American Legion Family College of New York: **May 1.**
- Space is limited to 100 students

I understand that if accepted to The American Legion Family College of New York, there will be NO REFUND of the tuition if I am unable attend, and that I may select a suitable substitute to attend in my place. I also understand that if I am not accepted to the college this year, I will be considered for next year, and a full refund *will* be made.

Signature _____ Date _____