

**THE AMERICAN LEGION DEPARTMENT OF MISSOURI**  
**SCHOLARSHIP AWARD APPLICATION**  
**Shane Dean Voyles Memorial Scholarship**

This application is limited to **only one student per high school**. The student is to be selected by the faculty of the school based on the criteria listed on the reverse side of this application.

**(Must be typewritten or printed legibly)**

Name and Address of High School _____	
Counselor's Name and Phone Number _____	(   )
Full name of applicant _____	
Complete Address _____	
Phone # Home     (   )	Date of Birth _____
SAT/ACT Score _____	Overall G.P.A. _____
Family combined gross annual income _____	
Number of children under 18 in the family _____	
List athletic activities applicant participated _____	
in while attending High School _____	
College applicant plans to attend _____	
Has he/she received an athletic scholarship? _____	If yes, which sport? _____
Extra circular activities applicant participated _____	
in? _____	
Community Service activities applicant _____	
participated in? _____	

**Applicant's signature certifies that he / she understands scholarship eligibility requirements and will adhere to its conditions.**

**Applicant's signature certifies that he / she is not related to any member of the reviewing Education and Scholarship Committee; John Buckwalter, Mark Reed, Robert Maddox, Marlin Slagle, Ed Green, or Dennis Woeltje.**

**Applicant's signature grants The American Legion Department Of Missouri the right to use applicant's name and / or likeness to publicize the Scholarship Program.**

\_\_\_\_\_ Date \_\_\_\_\_

***Applicant's signature***

**This application for scholarship aid is being submitted with my knowledge and approval.**

\_\_\_\_\_ Date \_\_\_\_\_

***Signature of Parent / Guardian***

**Please read carefully and follow all eligibility requirements. They must be strictly adhered to.**

## **Shane Dean Voyles Memorial Scholarship – One award of \$750.00.**

The scholarship award will be paid at the beginning of the student's first semester at their college of choice. Registrar's certification of enrollment is required before payment will be made. A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school. **The faculty of each High School in the state of Missouri may submit only one student for this scholarship.** The Education & Scholarship Committee of The American Legion, Department of Missouri will determine the recipient of the scholarship. The decision of the Committee shall be final.

### **Basis for Eligibility:**

1. Each High School in the state of Missouri may submit only one application for this award. Applicant must be selected by the faculty of the High School he/she is attending based on the individuals financial need, participation in athletics, participation in school activities/clubs, volunteer work, exceptional leadership qualities, high moral standards and extreme patriotism.
2. Recipient must be a full time student in an accredited college or university in the state of Missouri.
3. Applicant must be a resident of the state of Missouri.
4. Must be attending an accredited college / university as a full-time student.

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**All inquiries should be directed to: Mr. John Buckwalter, Chair (660) 627-4713**

**Letter will notify recipients after July 1, 2018.**

**Completed application should be mailed no later than April 20, 2018 to:**

**The American Legion Department of Missouri, Inc.**

**Attn: Education and Scholarship Committee**

**P.O. Box 179**

**Jefferson City MO 65102-0179**

**This scholarship may be obtained on the web at [www.missourilegion.org](http://www.missourilegion.org)**