



UNKNOWN SOLDIER POST #137
P.O. Box 701
Darien, GA 31305

SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____, _____ _____

PRIMARY PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

FAMILY BACKGROUND: FAMILY MEMBERS WHO HAVE HONORABLY SERVED IN THE MILITARY.

NAME	BRANCH	RANK	TIME OF SERVICE

EDUCATION HISTORY

EXPECTED DATE OF HIGH SCHOOL GRADUATION _____ GPA _____

SCHOLARSHIP USE – DESCRIPTOIN OF USE OF FUNDS, PROGRAM DETAILS

SCHOOL/FACILITY _____

COURSE(S) DESCRIPTION _____

SEMESTER DATES _____
(Or Course Dates)

COST OF COURSE OR CREDITS _____

OTHER FUNDING SOURCES _____

BRIEF DESCRIPTION OF YOUR BEST JOB EXPERIENCE:

On a separate page, please submit an autobiography of not more than 200 words.

REFERENCES – PLEASE INCLUDE THREE REFERENCES (TEACHER, EMPLOYER, PROFESSIONAL)

RELATIONSHIP	NAME	PRIMARY PHONE	EMAIL
<u>Teacher</u>	_____	_____	_____
<u>Employer</u>	_____	_____	_____
<u>Professional representing intended career path</u>	_____	_____	_____

I attest that all the information I have provided is true and correct to the best of my ability

Applicant Signature

Date

Please see Scholarship Application Criteria for more information. AL Post #137 may ask for additional supporting information. All information will remain confidential. All decisions are final.