

**ROCHELLE PARK AMERICAN LEGION POST 170
33 WEST PASSAIC STREET
ROCHELLE PARK, N.J. 07662
www.alpost170.us**

American Legion Post 170 Family Scholarship

- 1-4 Year Post Scholarship, \$1000 per year**
- 1-1 Year Post Scholarship, \$1000**
- 1-1 Year "Napoleon Bonaparte" Scholarship, \$1000**
- 1-1 Year Sons of American Legion Scholarship, \$750**
- 1-1 Year Auxiliary Scholarship, \$500**
- 1-1 Year Riders Scholarship, \$500**

REQUIREMENTS:

- 1. Must be either a resident of Rochelle Park or a direct descendent of a member of American Legion Post 170, Unit 170, SAL 170, or Riders 170.**
- 2. Must be a senior in high school planning to attend an institution of higher learning.**
- 3. Letter(s) of Recommendation (examples: from teacher, religious leader, principal, etc.) must accompany application.**
- 4. Essay of 500 words on: "Why I Want To Further My Education" must accompany the completed application.**
- 5. A transcript of grades and SAT scores must accompany the completed application.**
- 6. Applications are awarded points as follows:**
 - 30 points Composition**
 - 20 points Community Activities**
 - 10 points School Activities**
 - 10 points Letters of Recommendation**
 - 10 points GPA**
 - 10 points SAT or ACT score**
 - 5 points Relative of Post 170 Member**
 - 5 points Post 170 Member for two years or more**
- 7. Any questions, please contact Jim Morton at 201-264-9053**
- 8. All items must be submitted with completed applications no later than April 15th to:**

**Post 170 Family Scholarship
American Legion Post 170
33 West Passaic Street
Rochelle Park, New Jersey 07662
Attn: Roberta O'Dowd**

ROCHELLE PARK AMERICAN LEGION POST 170
33 WEST PASSAIC STREET
ROCHELLE PARK, N.J. 07662
www.alpost170.us

Post 170 Family Scholarship

PLEASE READ THE SEPARATE LIST OF REQUIREMENTS AND FOLLOW THE INSTRUCTIONS. ALL DOCUMENTS MUST BE RECEIVED TOGETHER NO LATER THAN APRIL 15TH.

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE#: HOME _____ MOBILE _____ EMAIL _____

SCHOOLS ATTENDED:

ELEMENTARY _____ DATE GRADUATED _____

JUNIOR HIGH _____ DATE GRADUATED _____

HIGH SCHOOL _____ DATE GRADUATED _____

LIST COMMUNITY AND SCHOOL ACTIVITIES (SEPARATELY) AND IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FATHER'S FULL NAME _____ LIVING: YES ___ NO ___

MOTHER'S FULL NAME _____ LIVING: YES ___ NO ___

ARE YOU A RELATIVE OF POST 170 MEMBER: YES ___ NO ___ RELATIVE'S NAME: _____

ARE YOU A POST 170 MEMBER: YES FOR ___ YEARS; MEMBERSHIP NUMBER _____

NAME OF COLLEGES, UNIVERSITIES OR INSTITUTIONS YOU ARE APPLYING TO:

HAS YOUR APPLICATION(S) BEEN SUBMITTED? _____ ACCEPTED? _____

STUDENT SIGNATURE: _____ DATE _____