

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

Ronald P. McCluskey Veterans Scholarship Application

PERSONAL INFORMATION:

Name: _____ Date of Birth: _____

Mailing Address: _____

(Street or P. O. Box Number)

(City, State & Zip)

Phone Number: Home: (____) _____ Work: (____) _____

Last 4 of Social Security #: _____ Gender: Male ___ Female ___

Family Data: Single ___ Married ___ Widowed ___

MEMBERSHIP INFORMATION/ELIGIBILITY:

Post No: _____ Membership ID # _____ Years of membership: _____

EDUCATION INFORMATION:

School: _____
(Name of institution)

Mailing Address: _____

(Street or P. O. Box Number)

(City, State & Zip)

Phone Number: (____) _____

MAXIMUM TUITION PER SEMESTER: \$500 (ONE TIME ONLY)

ADDITIONAL COMMENTS: _____

Applicant's Signature: _____ Date: _____

ATTACH REQUIRED INFORMATION – COPY OF DD214

**NOTE: FAILURE TO MEET ANY OF THE ABOVE REQUIREMENTS MAY RESULT IN
DISQUALIFICATION OF ELIGIBILITY FOR THIS SCHOLARSHIP PROGRAM**

Application Form must be received at Department Headquarters by September 1st