



**AMERICAL LEGACY
FOUNDATION**

Americal Division Legacy Fund Scholarship Application

Name of Applicant: _____

Address: _____ E-mail: _____

City, State, Zip: _____ Phone: _____

High school: _____ Graduation Date: _____

City and State: _____

Fathers Name: _____ E-mail: _____

Mother Name: _____ E-mail: _____

Sponsor: _____

Sponsors Americal Unit(s): _____

Dates Assigned to Units: _____

Relation to Sponsor: Child ___ Grandchild ___ Great Grandchild ___ Step: ___ Adopted: ___

Did sponsor die while on active duty with the Americal: Yes ___ No ___

Did sponsor die while active member of A.D.V.A. Yes ___ No ___

If yes to above use separate sheet to explain:

Institution applicant will attend: _____

Address check to be mailed to: _____

Department: _____

Street: _____

City, State and Zip: _____

Student ID number (Requested not required): _____

Signature of applicant: _____

Date: _____

Applications and Essays **MUST** be Legible

Essays are judged on content, grammar and construction