



# APPLICATION FOR THE AMERICAN LEGION SCHNEIDER-EMANUEL SCHOLARSHIP



## PERSONAL INFORMATION

Name: \_\_\_\_\_  
*Last*
*First*
*Middle Initial*

Address: \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City*
*State*
*Zip Code*

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Month/Day/Year*

Applicant email address: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Number in college (include yourself): \_\_\_\_\_

Your rank in the family (don't include parents): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City*
*State*
*Zip Code*

## ELIGIBILITY-AVAILABLE TO WISCONSIN STUDENTS ONLY

**Living relative through whom you qualify for this scholarship. Check the box(es) that apply**

LEGIONNAIRE

- Self
- Father
- Mother
- Grandfather
- Grandmother

AUXILIARY

- Self
- Mother
- Grandmother

SONS OF THE AMERICAN LEGION

- Self
- Father
- Grandfather

**Person through whom you qualify for this scholarship (continued)**

Relative's Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City* *State* *Zip Code*

Legionnaire Membership No: \_\_\_\_\_ Post City: \_\_\_\_\_

Auxiliary Membership No: \_\_\_\_\_ Unit City: \_\_\_\_\_

Sons of The American Legion Membership No: \_\_\_\_\_ Squadron City: \_\_\_\_\_

My \_\_\_\_\_ served honorably during the following war era. Check the box that applies.

- Dec. 7, 1941 to Dec. 31, 1946 (World War II)
- June 25, 1950 to Jan. 31, 1955 (Korean War)
- Feb. 28, 1961 to May 7, 1975 (Vietnam War)
- Aug. 24, 1982 to July 31, 1984 (Lebanon / Grenada)
- Dec. 20, 1989 to Jan. 31, 1990 (Panama)
- Aug. 2, 1990 to today (Gulf War / War On Terrorism)

**Provide a brief statement of their service:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARTICIPATION IN LEGION ACTIVITIES

You must have participated in one or more of the following American Legion sponsored activities. Complete all that apply to you. Check all that apply.

I attended a complete session of Badger Boys State

Year Attended: \_\_\_\_\_ High School: \_\_\_\_\_

I attended a complete session of Badger Girls State

Year Attended: \_\_\_\_\_ High School: \_\_\_\_\_

I competed in The American Legion High School Oratorical Scholarship Program

High School: \_\_\_\_\_

Year(s) Participated: \_\_\_\_\_ Represented Post/County/District No: \_\_\_\_\_

Title of My Oration: \_\_\_\_\_

I took the Americanism and Government Scholarship Test

Year(s) Participated: \_\_\_\_\_ High School: \_\_\_\_\_

I participated in the County Youth Government Day Program

Date of Participation: \_\_\_\_\_ County: \_\_\_\_\_

I have participated in an American Legion sponsored band and/or Drum and Bugle Corps

Dates: \_\_\_\_\_ - \_\_\_\_\_  
(from) (to)

I have played on an American Legion Baseball team

Team Name: \_\_\_\_\_

Dates: \_\_\_\_\_ - \_\_\_\_\_ Post No: \_\_\_\_\_  
(from) (to)

I have belonged to an American Legion sponsored Boy Scout troop

Troop Number: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
(from) (to)

Name and Number of American Legion Post: \_\_\_\_\_

# EDUCATION BACKGROUND

Schools Attended (If you attended all four years at the same school, enter only grade 12)

Grade	School Name	City	Year Attended
12			
11			
10			
9			

Date of High School Graduation: \_\_\_\_\_ Name of High School: \_\_\_\_\_  
Number in graduating class: \_\_\_\_\_ Rank in class: \_\_\_\_\_ ACT Score: \_\_\_\_\_

# ATTENDANCE

Were you absent more than ten (10) times per year during the past two years? **YES** **NO**  
If you answered yes, explain illness or cause: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COLLEGE OR UNIVERSITY INFORMATION

Name of College: \_\_\_\_\_ Location: \_\_\_\_\_  
Have you been accepted? **YES** **NO** (If no, when do you expect acceptance?) \_\_\_\_\_  
If already attending college, name of college: \_\_\_\_\_  
What year are you in college? Freshman Sophomore Junior Senior  
What course of study do you plan to pursue? \_\_\_\_\_

**APPLICANT'S STATEMENT** – Please state below your education objectives and career goals, and the value and contribution The American Legion Schneider-Emanuel Scholarship would make toward the realization of that goal.

---

---

---

---

---

---

---

---

---

---

# EXTRA-CURRICULAR SCHOOL ACTIVITIES

Type an "x" in the boxes that apply

Activity	9th Grade	10th Grade	11th Grade	12th Grade
Art Club				
Band				
Captain's Academy				
Cheerleader				
Chorus or Choir				
Destination Imagination				
Forensics				
FFA/Leadership Development				
FBLA (Future Business Leaders of America)				
French Club				
German Club				
Key Club				
National Honor Society				
Newspaper Staff				
Scrabble Club				
Skills USA				
Spanish Club				
Student Aide				
Student Council				
Student Tutors				
Video Club				
Yearbook Staff				
Enter Sports Activity:				
Enter Sports Activity:				
Enter Sports Activity:				
Enter Sports Activity:				
Other Activity Not Listed:				

List special honors, recognitions, or awards which you have received in connection with above activities.

---



---



---

List below any activities, honors, or recognition which you have received in connection with organizations other than school sponsored. (Church, Youth Groups, 4-H, Scouts)

---



---



---

## APPLICANT'S AGREEMENT

I hereby state that I have read and understand the rules established by The American Legion, Department of Wisconsin Schneider-Emanuel Scholarship Committee, and that:

- My qualifications meet the basic requirements for the scholarship and for college entrance.
- Arrangements have been made to complete this application by forwarding transcript(s), class rank, ACT score, and four rating sheets on provided forms.
- I intend to abide by all provisions set forth in the rules – and agree to accept as final the decisions agreed upon by The American Legion, Department of Wisconsin Schneider-Emanuel Scholarship Committee.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

## CHECKLIST

In addition to this **completed form, be sure:**

- Your school sends a certified transcript
- Rank in Class
- ACT Score
- Cumulative, or Grades 9 through Grade 11, Grade Point Averages.
- Twelfth (12) Grade First Semester Grade Report
- Four (4) rating sheets should be submitted from four (4) individuals (no family relation) such as:
  - High School Principal, Counselor, Teacher
  - Clergy
  - Two Character References (Personal or Job Related)

### MAIL TO:

The American Legion, Department of Wisconsin  
Attn. Programs Coordinator  
P.O. Box 388  
Portage, WI 53901-0388



THE AMERICAN LEGION, DEPARTMENT OF WISCONSIN  
SCHNEIDER-EMANUEL SCHOLARSHIP  
RATING SHEET



Name of applicant you are rating: \_\_\_\_\_  
*Last* *First* *Middle Initial*

**INSTRUCTIONS**

Rating sheets should be mailed directly to The American Legion, bypassing the applicant. Rate the student on each of the listed traits using a scale of 1-10 with 10 being outstanding. Please use the following guidelines:

9-10	Outstanding	5-6	Average	0-2	Weak
7-8	Very Good	3-4	Below Average		

The judges will select winners from the applicants who qualify according to criteria stated in the rules. Judges will also evaluate the applicant on merit, promise and achievement.

**RATING**

**ACADEMIC** (enter number 1-10)

**Scholastic achievement during Senior year and rating in class, application of studies and class participation.**

**LEADERSHIP** (enter number 1-10)

**The capacity to assume responsibility, to organize work and execute a project with others.**

**CHARACTER** (enter number 1-10)

**High standards of conduct, good reputation, adherence to truth and conscience, devotion to church and daily duties.**

**AMERICANISM** (enter number 1-10)

**The ideals, love of country, ability to accept a citizen's responsibilities.**

**You may add comments here or attach a letter of recommendation.**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
*Name of Person Completing Rating Sheet*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Your Relationship to Applicant – Principal, Faculty,  
Clergy or Representative Citizen*

**MAIL TO:**  
The American Legion, Department of Wisconsin  
Attn: Programs Coordinator  
Box 388  
Portage, WI 53901