## THE AMERICAN LEGION DEPARTMENT OF MISSOURI SCHOLARSHIP AWARD APPLICATION

## Lillie Lois Ford Scholarship Fund

(Must be typewritten or printed legibly) Full name of applicant		
Complete Address		
Phone # Home ( )	Work ( )	
Date and Place of Birth	Graduation Date	SAT/ACT Score
Year applicant attended Missouri Boys State/Girls State	or Cadet Patrol Academy	
* Full name of (veteran) and your relationship i.e.; parent	, grandparent or great grandparent	
*Name	*Relationship	
Family combined gross annual income		
Number of children under 18 in the family		
Name and complete address of High School		
What community activities do you or have you participate	ed in? Attach an additional sheet	if necessary
what community activities do you of have you participal	7 ttuen un additional silect	in necessary.
Applicant's signature certifies that he / she underst conditions.	ands scholarship eligibility requireme	nts and will adhere to its
Applicant's signature certifies that he / she is not relat	ed to any member of the reviewing Ed	ucation and Scholarship
Committee; A.J. Noonan, Mark Reed, Alex Slocum, R	ose Noonan, Robert "Bob" Maddox, o	or Thomas Tanner.
Applicant's signature grants The American Legion I	Department of Missouri the right to us	e applicant's name and / or
likeness to publicize the Scholarship Program.		
	Date	<del>_</del>
Applicant's signature		
This application for scholarship aid is being s	submitted with my knowledge a	nd approval.
	Date	
Signature of Parent / Guardian		
All inquiries should be directed to: Mr. A. J.	Noonan, Chair (573) 872-9068	

Letter will notify recipients after July 1, 2025.

Completed application should be mailed no later than April 20, 2025 to:

The American Legion Department of Missouri, Inc.

**Attn: Education and Scholarship Committee** 

P.O. Box 179

Jefferson City MO 65102-0179

Please read carefully and follow all eligibility requirements on reverse.

## Lillie Lois Ford Scholarship Fund-Two recipients of \$1,000.00

The \$1,000.00 scholarship award will be paid at the beginning of the student's first semester at their college of choice. Registrar's certification of enrollment is required before payment will be made. A check will be issued to joint payees, the recipient and the Scholarship and Awards Officer or equivalent official at the school.

## **Basis for Eligibility:**

- 1. One boy who has attended a full session of Missouri Boys State or Missouri Cadet Patrol.
- 2. One girl who has attended a full session of Missouri Girls State or Missouri Cadet Patrol.
- 3. Must be the descendent\* of a veteran having served 90 days on active duty in the Army, Air Force, Navy, Marine Corps, Space Force or Coast Guard of the United States, and having an honorable discharge. A copy of the veteran's discharge or separation notice must be submitted with application.

The copy must show the date the veteran entered service and the date the veteran left service.

- 4. Be a resident of the state of Missouri.
- 5. An unmarried dependent under the age of 21.
- 6. Must be attending an accredited college / university as a full-time student.
- 7. Consideration for scholarship will be determined annually for high school graduates in NEED of financial aid to attend a college / university.
- 8. Scholarship must be used the first fall semester of a college / university following graduation from high school.
- (\*) **DEFINITION OF "DESCENDANT":** Any child, grandchild or great grandchild of a veteran who is unmarried and under the age of 21 and is (1) A legitimate child. (2) A child legally adopted. (3) A stepchild of and living in the veterans home. (4) An illegitimate child (when necessary proof of relationship is provided).

This scholarship applications may be obtained on the web at www.missourilegion.org