

**HARMONSON-REDD POST#63
JOE H. ALLEN MEMORIAL SCHOLARSHIP
APPLICATION**

GUIDELINES:

ELIGIBILITY:

1. The applicant must be an average or better student scholastically, and a resident of Norton County who shall have graduated from the Norton County School Systems.
2. Only high school seniors, college level freshmen or sophomores who are enrolled or intend to enroll in an approved Junior College, University or Trade School located in the state of Kansas will be considered.

TYPE OF SCHOLARSHIP:

1. One \$500.00 grant
 - A. One \$250.00 grant installment to be paid at the start of each semester (one year only).
 - B. To be paid directly to the school at the beginning of the semester in which the student is enrolled.
 - C. Must maintain at least a "C" average to be eligible for second and final grant installment.

HOW TO APPLY:

1. Applicant must furnish three letters of reference.
2. Applicant must furnish a high school transcript as well as a college transcript, if in college or advanced studies.
3. Applicant must state on the application the reason for applying, including financial need, college plans, together with any other pertinent data which might help the committee in making its selection.
4. Send application, transcript and letters of reference by April 15 to:

Harmonson-Redd Post #63
ATTN: Richard Miller, Scholarship Committee
PO Box 341
Norton, Kansas 67654

HOW CHOSEN:

1. The recipient of this scholarship will be determined by a three member committee as follows:
 - A. Immediate member of the Joe H. Allen family
 - B. Active member of the American Legion Harmonson-Redd Post #63
 - C. Active member of the American Legion Auxiliary Harmonson-Redd Unit #63
(None of the committee members are to be closely related.)
2. Name of the recipient will be announced by May 1.

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Name:

Date of Birth:

Address:

Telephone:

High School Attended:

Year Graduated:

Number in Class:

Rank in Class:

Cumulative GPA:

Other Advanced Education:

Name of school or college you desire to attend:

Date you intend to enter college:

Course of study:

Names of parents, spouse or guardians:

Occupation of parents, spouse or guardians:

Please state why you are applying for this scholarship: (Use additional pages if necessary)

Signature of Applicant

Date

Signature of Parent, Spouse or Guardian

Date