The American Legion Patchogue Post 269 is proud to sponsor the

**Pauline J. King Memorial Scholarship**

This **$1000 scholarship** will be awarded to one applicant.

**Program Focus:**

This scholarship program is for students who are currently seniors in either Patchogue-Medford School District or South Country School District. The program focuses on **students who are planning to pursue a career in public service**, such as education, healthcare, police, fire, social work or other public service-related areas.

To apply for this scholarship students will

* show a record of volunteerism in the community, non-school sponsored activities, and participation in extracurricular school activities.
* be a senior in either Patchogue-Medford School District or South Country School District.
* have a Grade of “B” or better to apply (3.0 on a 4-point GPA or 85 on a 100-point GPA).
* plan to attend either a two (2)-year community college or four (4)-year college or university.
* have the endorsement of their Guidance Counselor on their application attesting they are qualified for this scholarship program.

# Interested applicants will submit a **500-word essay** that will focus on their community service and what it has taught them. In addition, **one letter of recommendation** from a leader within the volunteer organization he/she serves or have served.

Applications must be received by American Legion Patchogue Post 269 no later than **April 1, 2022.** Late applications will not be accepted. Applications that do not contain all of the required information, essay, letter of recommendation, and signatures will not be considered. Post members and their immediate family are ineligible to apply.

Mail one copy of a completed application package to: American Legion Post 269

*(This includes application with signoff by Guidance Counselor, essay, and*  PO Box 457

*letter of recommendation).*  Patchogue, NY 11772

Applications can also be scanned and then emailed to alpost269@aol.com.

Qualified applicants will be interviewed in April or early May. The scholarship will be awarded in June at a formal award ceremony to be held at the American Legion Post.

The application is available on our web site at [www.alpost269.com](http://www.alpost269.com) under the “Projects and Information” tab. For further information, please contact the American Legion Patchogue Post 269 by email at alpost269@aol.com or phone 631-475-3822.

Jose Rios – Scholarship Committee Chairman

American Legion Patchogue Post 269

**Pauline J. King Memorial Scholarship APPLICATION**

|  |
| --- |
|  Please **fill in** all information. |
| 1. | Last Name: First Name, Middle Initial:  |
| 2. | Mailing Address:Street: City: State: Zip:  |
| 3. | Daytime telephone number: Email address:  |
| 4. | Date of birth (MM/DD/YYYY):  |
| 5. | Grade Average:  |
| 6. | Name of high school:  |
| 7A. | List any academic honors, awards, and membership activities while in high school or college:  |
| 7B. | List your hobbies, outside interests, extracurricular activities, and school related volunteer activities: |
| 7C. | List your non-school sponsored volunteer activities in the community:  |
| 8. | What college do you plan on attending:  |
| 9.  | What public service career are you planning to pursue?  |
| 10. | Name & address of parent(s) or legal guardian(s): *(Include address if different than your own listed in Question 2.)* Name(s): Street: City: State: Zip: Phone Number:  |
| 11 | One (1) letter of recommendation from a leader within the volunteer organization you serve or have served is required.Name of recommender: |
| 12 | In a separate document, please write an essay (about 500 words) addressing the following:Describe how your community service came about and what being a volunteer has taught you. Are there any causes or organizations that especially interest you?*Please note: If you are emailing application, please save as a Word (.docx) or PDF document. If you are mailing application, this should be a typed document.*  |

**Checklist:**

* Application
* Essay
* Guidance Counselor signature
* One letter of recommendation

**Applications must be received by the American Legion Patchogue Post 269 no later than**

**April 1, 2022**

**MAIL COMPLETED APPLICATION PACKAGE TO AMERICAN LEGION PATCHOGUE POST 269**

**American Legion Post 269**

**P.O. Box 457**

**Patchogue, NY 11772**

**Or**

**SCAN FULL COMPLETED APPLICATION PACKAGE AND EMAIL TO:**

**alpost269@aol.com**

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I hereby understand that if chosen as the scholarship winner, according to the American Legion Patchogue Post 269 Scholarship policy, I will be present at the awards ceremony to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I also consent, that if chosen as the scholarship winner, my picture may be taken and used to promote the American Legion Patchogue Post 269 Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent or guardian (if under 18):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to American Legion Patchogue Post 269 Scholarship Program.

Name of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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