

**APPLICATION FOR SCHOLARSHIP FOR
THE AMERICAN LEGION POST 677, CHARLES V. MOORE, A.B. & HAZEL WEISER SCHOLARSHIPS ADMINISTERED BY THE
MABEL WAGNALLS JONES SCHOLARSHIP FUND
FOR THE 2019/2020 SCHOOL TERM
APPLICATION DEADLINE: April 11, 2019**

(Date received. To be completed by Office Manager)

Please answer all the questions using **ink**.

Mail or return to:

THE WAGNALLS MEMORIAL FOUNDATION
ATTN: SARAH MAYZUM, OFFICE MANAGER
PO BOX 217, 150 E. COLUMBUS ST.
LITHOPOLIS OHIO 43136-0217
(614) 837-4765 ext. 126

Be sure to sign at the bottom of this page and attach a photo, your affidavit of residence (if applicable) and a copy of your high school transcript or most recent college transcript if applicable.

BIOGRAPHICAL INFORMATION SHEET:

NAME (First, Middle, Last, Jr. or II...):		
IF MARRIED, SPOUSE'S NAME:	MARRIED NAME:	
PERMANENT ADDRESS:		
TEMPORARY ADDRESS:		
HOME PHONE NO: () ()	CELL PHONE NO: () ()	EMAIL ADDRESS:
Provide the following information regarding Parent(s) or Guardian(s) along with their contact information:		
NAME OF FATHER / STEP-FATHER / GUARDIAN: (Circle one)		
ADDRESS:		
EMAIL ADDRESS:		
CELL PHONE:		
NAME OF MOTHER / STEP-MOTHER / GUARDIAN: (Circle One)		
ADDRESS:		
EMAIL ADDRESS:		
CELL PHONE:		

Please list if you have or other members of your family (and their relationship to you) have received the American Legion Post 677/Charles V. Moore or A.B. & Hazel Weiser Fund benefits:

Applicant Signature: _____ Date: _____

Parent or Guardian if Applicant is under 18 years of age: _____ Date: _____

**APPLICATION FOR SCHOLARSHIP FOR
THE AMERICAN LEGION POST 677, CHARLES V. MOORE, A.B. & HAZEL WEISER SCHOLARSHIPS ADMINISTERED BY THE
MABEL WAGNALLS JONES SCHOLARSHIP FUND
FOR THE 2019/2020 SCHOOL TERM
APPLICATION DEADLINE: April 11, 2019**

(Date received. To be completed by Office Manager)

I wish to be considered for the:

<input type="checkbox"/> AMERICAN LEGION POST 677 SCHOLARSHIP	<input type="checkbox"/> CHARLES V. MOORE SCHOLARSHIP	<input type="checkbox"/> A.B. & HAZEL WEISER SCHOLARSHIP*	
BIRTH DATE:	AGE:	PLACE OF BIRTH:	
CURRENT HIGH SCHOOL ATTENDING: GRADUATION DATE:	COLLEGE/UNIV YOU WILL BE ATTENDING:	COLLEGE/UNIVERSITY YOU CURRENTLY ATTEND (IF APPLICABLE):	
	TERM STARTING CLASS: EXPECTED GRADUATION DATE:	ANTICIPATED DEGREE: MAJORING IN:	DATE YOU BECAME A BLOOM TOWNSHIP RESIDENT: *Residency does not apply to the A.B. & Hazel Weiser Scholarship (ATTACH NOTARIZED AFFIDAVIT TO BIOGRAPHICAL INFORMATION SHEET)

The essay on the next page of this form must be completed legibly, preferably typed.

REMARKS: Please mention here any information or factors not already covered on this application that you believe should be considered. Do **not** include any identifying biographical information such as your name and address or your parent's name and address, etc. If you require an immediate response to information you are including here, you should state your concern in a separate letter. If you do so, please include your name and address on that correspondence.

ESSAY Guidelines:

If you are applying for the American Legion, Charles Moore or A.B. & Hazel Weiser Scholarship: on an attached sheet(s), provide some autobiographical information in narrative form that tells something about the kind of person you are. Do **not** include any identifying biographical information such as your name and address or your parent's name and address, etc. This is to be an original statement, unedited by counselors, teachers or parents.

In addition, please answer the following:

- (1) What is the most important thing you've learned in high school?
- (2) How did you become interested in your major?
- (3) What influenced your choice of this major?
- (4) How do you define success?

Your essay must be legible and preferably typed.

Do Not Write In This Area

AMERICAN LEGION POST 677 SCHOLARSHIP
DR. CHARLES MOORE SCHOLARSHIP
Residency Affidavit does not apply to the A.B. & Hazel Weiser Scholarship

AFFIDAVIT of Residency

I, _____, hereby affirm that I maintain a legal residence in Bloom Township
at _____ and have resided in Bloom Township since
(address)

(month) (day) (year)

I understand that I personally must continue to maintain a legal residence in Bloom Township as long as I receive the scholarship benefit. I agree to immediately notify the Mabel Wagnalls Jones Scholarship Fund(s) in writing of any change in my personal residence during the time I receive scholarship benefits from The Wagnalls Memorial Foundation.

(Signed) _____

(Date) _____

STATE OF OHIO:
COUNTY OF _____:

On this _____ day of _____, 20 __, before me, a Notary Public in and for said County, personally came _____, known to me to be the individual who executed the foregoing instrument, who, being duly sworn, stated that the foregoing statements are true.

Witness my hand and seal on the day and year above written.

(Signed) _____

(Seal)