

**THE AMERICAN LEGION, DEPARTMENT OF WYOMING  
E. A. BLACKMORE MEMORIAL SCHOLARSHIP**

**Instructions: Deadline is May 15<sup>th</sup>. Please copy this two-sided application as needed for your use.**

(Please type or print information, except where signatures required. If additional space is needed, attach additional sheets.)

Post No: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Include Street, or P.O. Box, Town, State and Zip)

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Related to Legionnaire - Name: \_\_\_\_\_ of Post # \_\_\_\_\_ located  
in \_\_\_\_\_ Legion Card # \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant's status:

Student/Dependent of Parents. Their occupations are: \_\_\_\_\_

Single  Married - Spouse's Occupation: \_\_\_\_\_  Dependent Children

If applicable, please list any other dependents, including children (Names and ages):

\_\_\_\_\_

\_\_\_\_\_

College choice: \_\_\_\_\_ Major will be: \_\_\_\_\_

High School last attended \_\_\_\_\_

High School mailing address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Standing in graduating class \_\_\_\_\_ (school verification must accompany application.)

Are you receiving other scholarships/grants? Please describe and include monetary amount.

\_\_\_\_\_

\_\_\_\_\_

**Community/Legion Family involvement's are:**

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**School involvement's are:**

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**Post Commander's recommendation of why your nominee should be selected:**

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\_\_\_\_\_  
**Post Commander's or Representative's Signature**

\_\_\_\_\_  
**Title**

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

**The applicant swears all information above is correct to the best of their knowledge.**

\_\_\_\_\_  
**Applicant's Signature**

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