

**ROBERT E. COULTER, JR., POST 1941
THE AMERICAN LEGION
DEPARTMENT OF ILLINOIS**



**Albert Dahm Scholarship Award
Administered by the
AI Dahm Scholarship Committee
of the Robert E. Coulter, Jr., Post 1941**

APPLICATION

(PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING IN FORM)

- A. You must be a direct descendant of a Coulter Post member in good standing who is either living or deceased.
- B. Applications must be submitted to the Robert E Coulter, Jr., Post 1941, The American Legion, 900 South La Grange Road, La Grange, IL 60525 no later than **April 30, 2024**. **Late applications will not be accepted.**
- C. The information requested about you and your parents will be used to determine your eligibility and to process and evaluate the application. It is important that all questions be answered and instructions followed.
- D. Following the receipt of this application, the Scholarship Committee will give careful consideration to all applications. All applicants approved by the Scholarship Committee will be notified before the end of June of the current year. Decisions of the Scholarship Committee will be final.
- E. Answer all questions completely. If more space is needed to answer questions, please use a sheet of blank paper and attach it to this application.
- F. Information in this application will be treated as confidential.
- G. All answers must be legible; printed with pen or typewritten.

POST AFFILIATION: PARENT/STEP-PARENT GRANDPARENT

NAME _____

POST MEMBER NAME _____ ID# _____ (if known)

APPLICANT

1. Last Name _____ First Name _____ Middle Name _____

2. Street Address _____

3. City, State and Zip Code _____

4. Date of Birth _____ Phone Number _____ Text: Y N

5. What High School did you attend? _____

6. Address of High School _____

7. High School Graduation Date _____ High School GPA _____

8. What College/University will you be attending? _____

9. What career or major do you plan to pursue? Why?

10. Have you applied for other scholarships? _____ Have you applied to this Post before? _____
If so, list scholarship provider(s) names and amounts; List any already approved for the current year.

STATEMENT OF APPLICANT:

a. I swear (or affirm) that the information given in the foregoing application is true and correct.

SIGNATURE OF APPLICANT _____ DATE _____

PARENTS

Father, Stepfather or Guardian Name _____

ADDRESS _____

Mother, Stepmother or Guardian Name _____

ADDRESS _____

February 4, 2024

For Legion Use Only:

February 4, 2024