

## The American Legion Neptune Township Post No. 346



21 Gully Road Neptune, NJ 07753

## 2025

## \$1,000 Alvin Applegate Memorial Scholarship Application Neptune Township American Legion

	Applicat	ion Deadline: April 30, 2	<sup>2025</sup> D	ate:	
ull Name:					
ull Name:	First	Middle	Last		
Address:Stree		City			
Stree	et & Number	City	State	Zip	
Coul	nty		Phone Number		
chool:		Graduation Date:			
ate of Birth:	School Y	ou Plan to Attend:			
ather's Name:		Occupation:			
other's Name:	Occupation:				
amily Income (Yearl	y, Both Parents,	All Sources):			
I	Number of Childr	en in Family:			
1	Number of Childr	en in College:			
	To Be (	Completed by Applican	t:		
		, , , , ,			
		Employment History	1		
Employer Name:		Position	:	Dates Held:	

## (If Required, Please Supplement with Additional Pages)

Personal Income for Past 12 Months:		
School Offices Held and Extra Curricular Activities:		
School Awards and Citations:		
Community Activites and Other Activities Outside School:		
		—
What are Your Eventual Educational Goals?:		
Rank in Class: Number in Your Class:		
SAT Score- Critical Reading: Math: Writing:		
Please include a copy of your college acceptance letter a	and registrar contact information	
I have read this application and certify that the statements contain are correct.	ned therein, to the best of my knowledg	je,
Signature of Student	Date	
 Signature of Parent	Date	