

The American Legion Neptune Township Post No. 346



21 Gully Road Neptune, NJ 07753

2025

\$1,500 David Perlman Memorial Scholarship Application Neptune Township American Legion

	Applica	tion Deadline: April 30,	2025 D	oate:	
Full Name:	First	Middle	Last		
	FIFSL	Middle	Last		
Address:	eet & Number	City	State	Zip	
Stre	et & Number	City	State	Ζίρ	
County			Phone Number		
School:			Graduation Da	te:	
Date of Birth:	School Y	ou Plan to Attend:			
Father's Name:		Occupation:			
Mother's Name:	Occupation:				
Family Income (Year	ly, Both Parents, I	All Sources):			
	Number of Childre	en in Family:			
	Number of Childre	en in College:			
/ Was Your Parent or	Grandparent a Ve	eteran? (Y/N):			
	-	Re	lationship:		
		Deceased? (Y/N			
Is / Was Your Parent Legion ID #:	•	a Member of the Ame	rican Legion? (Y	/N):	
	То Ве	Completed by Applica	ınt:		
	1	Employment History			
Employer Name:		Position	n:	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 knowledge,
Signature of Student	Date
Signature of Parent	Date