

2027 THE AMERICAN LEGION, DEPARTMENT OF NEW JERSEY,
JOHN CASEY SCHOLARSHIP

ONE (1) \$1,500 JOHN CASEY SCHOLARSHIP (\$1,500 for one year)

1. NAME OF APPLICANT _____
 2. ADDRESS _____
 3. DATE OF BIRTH _____ SOCIAL SECURITY # _____
 4. NAME OF FOREBEARER BY WHICH APPLICANT IS ELIGIBLE _____
 5. RELATIONSHIP _____
 6. 2027 NEW JERSEY AMERICAN LEGION MEMBERSHIP CARD NO. _____
 7. IF DECEASED, CAUSE OF DEATH _____ DATE OF DEATH _____
 8. IS FOREBEARER A COMBAT WOUNDED VETERAN? YES NO
 9. BRIEF STATEMENT OF MILITARY SERVICE AND DATES OF SERVICE: _____

 10. NUMBER OF DEPENDENT CHILDREN IN FAMILY (INCLUDING SELF) UNDER 18 YEARS _____
OVER 18 YEARS _____ GRADE LEVEL _____
 11. OCCUPATION OF FATHER (STEPFATHER) _____ ANNUAL INCOME \$ _____
 12. OCCUPATION OF MOTHER (STEPMOTHER) _____ ANNUAL INCOME \$ _____
 13. GOVERNMENT COMPENSATION/PENSION RECEIVED BY PARENT AND/OR CHILDREN
\$ _____
COMPENSATION OR PENSION FOR APPLICANT IF MOTHER HAS REMARRIED OR IS
DECEASED \$ _____
 14. ARE YOU ELIGIBLE FOR/OR DRAWING SOCIAL SECURITY BENEFITS? YES NO
 15. IF SO, AMOUNT \$ _____ TIME LIMIT OF BENEFITS _____
 16. HIGH SCHOOL ATTENDING & DATE OF GRADUATION _____
 17. NAME AND LOCATION OF COLLEGE, UNIVERSITY OR SCHOOL OF HIGHER LEARNING YOU
DESIRE TO ATTEND _____
 18. THE VOCATION YOU PLAN TO PURSUE _____
 19. ESTIMATED TOTAL ANNUAL EXPENSE FOR SCHOOL CHOSEN \$ _____
- AMERICAN LEGION POST NO. _____

SIGNATURE OF APPLICANT

SIGNATURE OF POST COMMANDER

COUNTY

DATE