

SONS OF THE AMERICAN LEGION DETACHMENT OF NEBRASKA SCHOLARSHIP GUIDELINES

- 1) Applicants must be a current member of a Sons of the American Legion Squadron in Nebraska or, a son, grandson, or great grandson, adopted or stepson, step-grandson, or step-great grandson of any military veteran alive or deceased, if not a current Legion member provide a copy of the veteran's DD214 discharge papers or any other verifying documents.
- 2) Applicants must be enrolled in a public, private, or home school and be earning sufficient credits to graduate from high school at the conclusion of the spring of that school year semester as of March 1 of that school year application deadline date.
- 3) Applicants must be enrolled or accepted full time in an accredited **NEBRASKA** institution of higher education which includes university, college, or technical school, public or private.
- 4) Selection of recipients will be made based on the following:
 - a. Essay
 - b. ALL questions answered, or N/A indicated
 - c. Financial need.
 - d. Academic achievement.
 - e. Community service.
- 5) Detachment of Nebraska, Sons of The American Legion Scholarship Committee will evaluate applications and select recipients.
- 6) Scholarships will be used at the second semester of the academic year following notification of award. Use after the second semester cannot be delayed nor can the awards be held for future use or transferred to other individuals. **Scholarships must be used at school indicated on application.** Scholarship must be signed by the school and the recipient, following proof of enrollment and a transcript providing a GPA of 3.0 or higher, during his first semester.
- 7) Scholarship funds will be sent to the institution of the recipient's attendance to be held for use in their name for tuition, fees, books and on-campus housing only. Should the recipient drop out of school, any unused money must be returned to the Detachment of Nebraska Sons of The American Legion.
- 8) **Contact the financial aid office to determine how a scholarship might affect other financial assistance.**
- 9) Winners will be announced through letters via mail to recipients. Recipients will receive scholarship funds allotted as follows: Single payment of \$500.00 for the second semester following proof of enrollment and a transcript providing a GPA of 3.0 or higher during his first semester.

INFORMATION AND INSTRUCTIONS FOR APPLICANTS

1. Completed application and required certifications must be enclosed in the same envelope and postmarked on or before the application deadline date of **March 1.**
2. Scholarship application must be completed when received. The following are **required** in order to receive consideration:
 - a. A typed 250 word essay on separate attached sheet(s)
 - b. Copy of completed Scholarship Application. (2 pages)
 - c. Certification blocks must be signed by school officials, applicants, and parents or guardians.
 - d. **A school seal or an official rubber stamp must be affixed to school certification.**

3. Mail completed application & financial statement to:

SONS OF THE AMERICAN LEGION
DETACHMENT OF NEBRASKA
150 NW 40TH STREET, UNIT A
LINCOLN, NE 68528

Note: *Application materials cannot be returned.*

4. **Incomplete applications will not receive consideration.** The sponsors and American Legion personnel are not responsible for acquiring any data or forms for applicants. Do not include materials not specifically requested, such as folders, a resume, pictures, recommendations, etc. There are no provisions for eligibility criteria waivers.

APPLICATION

***This information must be included in order to verify eligibility.**

1. _____ 2. _____
Full Legal Name: Last, First and Middle Marital Status

3. _____ 4. _____ 5. _____
*SAL member # Date of Birth mm/dd/yyyy Telephone Number

6. Male _____ Female _____

7. Permanent Home Address: Number, Street, City, State, Zip

8. Father, Stepfather, or Legal Guardian: Name: Last, First, Middle

9. Mother, Stepmother, or Legal Guardian: Name: Last, First, Middle

***If veteran is a current member of The American Legion in Nebraska, please complete 10-13 or if veteran is not a member or is deceased, fill lines 14-16**

10. *If Veteran is a current member: Name: _____
Membership #: _____

11. *Relationship to Applicant _____

12. _____ 13. _____
American Legion Post # Location of American Legion Post

OR:

14. *Full Name, must include copy of DD214 or any other verifying papers

15. Status: Deceased / KIA / MIA / POW
(circle one)

16. *Relationship to applicant _____

17. List your school, community, or church activities in which you have participated:

18. List jobs (including summer employment) you have held in the past three years. Explain the kind of work, employer and date of employment.

Estimated Student's Income 2025 _____

Students Untaxed Income 2025 _____ Student's Assets & Savings _____

19. Indicate name of Nebraska college you will attend: _____

Full mailing address of college _____

Phone number of college _____

What major do you plan to pursue when you enter college? Why?

Family Information

Father's occupation: _____

Mother's occupation: _____

1. Number of Family Members at Home: _____
(Include student, parent(s), and other dependents)

2. In addition to applicant,
How many other family members are attending college during 2026-27? _____

Family's 2025 adjusted gross income: _____

Describe any circumstances that may affect your family's ability to provide for your college education.

PLEASE REVIEW THIS APPLICATION TO MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND ACCURATELY. INCOMPLETE APPLICATIONS WILL BE REJECTED.

250 Word Essay

1) Please type below or attach, no more than 250, single space, word essay on why you should receive this scholarship.

CERTIFICATION

We certify that to the best of our knowledge, the information contained in this application and financial statement is correct and complete.

Applicant's Name (Typed or Printed): _____

Applicant's Signature: _____

Parent's or Guardian's Name (Typed or Printed): _____

Parent's or Guardian's Signature: _____

Date: _____

SCHOOL CERTIFICATION

HIGH SCHOOL RECORD - This section is to be completed by high school officials

Cumulative Grade Point Average (GPA) based on the scale of A = 4.0, as of graduation or completion of first semester 2025-26 school year: _____

Expected Date of Graduation: _____

Name of high school

(AFFIX SCHOOL SEAL OR

Print/Type

name of school official and title OFFICIAL RUBBER STAMP HERE)

Signature of School Official / Date

NOTE: It is very important that the school's official seal or official rubber stamp is affixed to this application.