



## **2025 Merit Award Application**

(Formally called Scholarship Application)

### **2<sup>nd</sup> District, Department of Iowa, The American Legion**

The following guidance is provided for the 2025 2<sup>nd</sup> District Merit Awards Program:

1. Applicant must be a graduating high school senior who resides in the 2<sup>nd</sup> District (Clinton, Dubuque, Jackson, Jones, Linn, or Scott County).
2. It is not necessary to be related to a member of The American Legion or Auxiliary.
3. Applicant must attend college in the state of Iowa.
4. Application form must be filled out in its entirety. Failure to comply will be automatic disqualification.
5. Two (2) separate \$500 general Merit Awards will be awarded. One for each student selected.
6. The \$500 Merit Award will be sent to the student after proof of completion of the first semester of the freshman year and proof of enrollment for the second semester.
7. The Chairman of the Merit Awards Committee must receive a completed application, along with applicant's transcript of high school grades and a personal letter not later than **March 15, 2025**.
8. The American Legion 2<sup>nd</sup> District Merit Award should not be confused with the Merit Awards or scholarships provided by The American Legion Auxiliary or the local Post awards.
9. By submitting this application, the applicant hereby agrees to allow the 2<sup>nd</sup> District of The American Legion the right to use their names for promotional purposes.

Send completed applications to the Chairman of the Merit Awards Committee at the address below.

***Polly Graham***

Polly Graham  
Chairman, Merit Awards Committee  
6395 115<sup>th</sup> Street  
Blue Grass, IA 52726  
[grahamprg@gmail.com](mailto:grahamprg@gmail.com)

## 2025 Merit Award Application

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It is the responsibility of the applicant to answer **ALL** questions and submit all requested documents. The application will be disqualified if **ALL** requirements are not met.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

High School(s) Attended: \_\_\_\_\_ Location: \_\_\_\_\_ Year(s) Attended: \_\_\_\_\_ Grade Average: \_\_\_\_\_

\_\_\_\_\_: \_\_\_\_\_ :

\_\_\_\_\_: \_\_\_\_\_ :

Parents Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Total Family Income: \_\_\_\_\_

Number of children in your family: \_\_\_\_\_ Ages: \_\_\_\_\_

If you live with someone other than your parents, give name, address, and relationship: \_\_\_\_\_

\_\_\_\_\_

Nearest American Legion Post (only if known): \_\_\_\_\_

Name and address of college in which you will enroll: \_\_\_\_\_

\_\_\_\_\_

What is your goal? (Degree, specialized training, etc.): \_\_\_\_\_

\_\_\_\_\_

Submit a personal letter containing the following: Activities in school, church and/or community, hobbies, and the reason you believe you deserve a Merit Award. Please add any other personal information you would like to relay to the committee.

This completed application, a copy of the most recent transcript of grades, and the personal letter must be **received** by the Chairman of the 2<sup>nd</sup> District Merit Awards Committee, at the address below, **not later than March 15, 2025.**

Polly Graham  
6395 115<sup>th</sup> Street  
Blue Grass, IA 52726