



**Nathan Bruckenthal - Adam Cann
Memorial Post 385
Southwest Broward, Florida
FDSF Application Form**

Date _____ (Please Check One) NEW _____ RENEWAL _____

Name of Applicant (Print legibly)

LAST _____ FIRST _____ M.I. _____

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip + 4 _____

Telephone# _____ Email _____

Name of Institution to which you intend to apply: _____

School Year you will be entering for the Fall Semester? 1 2 3 4 (circle one)

High School or College Transcript Attached YES _____ NO _____

Photocopy of SAT or ACT results (seniors only): Attached YES _____ NO _____

Letter of College /University acceptance Attached YES _____ NO _____

Statement describing financial need: Attached YES _____ NO _____

Parents IRS Form 1040: Attached YES _____ NO _____

Applicant's IRS Form 1040 (if applicable): Attached YES _____ NO _____

Current educational goals and objectives: Attached YES _____ NO _____

Minimum 500 word essay Attached Yes _____ NO _____

**The processing of applications and selection of award winners is within the sole discretion of American Legion Post 385 and is not subject to appeal or review.

Applicant's Signature _____

SPONSOR ELIGIBILITY AND RELATIONSHIP TO APPLICANT

This section must be completed by the sponsor. It must then be verified and signed by the Post Officer indicated in the next section. Should the sponsor be one of the indicated officers, then a qualified substitute officer must be appointed to verify eligibility of the sponsor.

SPONSOR/MEMBER RELATIONSHIP TO APPLICANT (Check One)

Father _____ Mother _____ Grandparent _____ Spouse _____ Self _____

Name: LAST _____ FIRST _____ M.I. _____

State of Official Residency _____

Membership #: _____ Current Membership Year _____ (If applicable).

Sponsor Telephone number _____

To be completed by American Legion Post 385

(Must be signed by appropriate Officers or Designees) The Finance Officer and Commander listed below certify that the sponsor is a member in good standing in his/her Post and the American Legion.

Finance Officer (Print legibly) _____ Signature _____

I, _____ Commander of Post 385 certify the above Member is qualified

to sponsor _____ for a FDSF Scholarship.

Commander (Print legibly) _____ Signature _____

Mail to:

Joseph Motes
American Legion Post 385
2133 NW 208 Terrace
Pembroke Pines FL 33029-2320