

The 109th INFANTRY REGIMENT ASSOCIATION LEGACY SCHOLARSHIP



Application Checklist

Date: _____

Name: _____

High School: _____

Complete and Check:

_____ My application is for One (1) school

_____ Acceptance letter enclosed _____ Financial award letter enclosed

_____ My application is for multiple schools

_____ Number of school acceptance letters

_____ Number of financial award letters

I have enclosed the following:

_____ Letter of recommendation (2)

_____ Completed 109th Infantry Regiment Association Legacy Scholarship Application

Do not attach any documents or additional pages except as required. Review your application completely. If you cannot answer a question, put a reason in the field. Have someone proof read your application. Incomplete applications will be returned. Each application is judged on its own merit so include any information that makes you exceptional. Keep a copy of everything you submit. Finally pay attention to the deadline date. **Applications must be mailed with a postmark no later than indicated below.** Applications past the deadline date will not be considered.

APPLICATIONS MUST BE POST MARKED NO LATER THAN: APRIL 15

109th INFANTRY REGIMENT ASSOCIATION LEGACY CHOLARSHIP APPLICATION



ELIGIBILITY: Child/children or legally adopted child/children of a spouse by a prior marriage or dependent child as defined by the United States Armed Services for active duty personnel of the United States military and those guardsmen who are present or past members of the **109th INFANTRY BATTALIONS**. Must be a high school senior or high school graduate to apply for this scholarship. **Please download application at www.109thinfantry.org. Mail application to: Mr. Ron Barkofsky 27 Circle Drive, EYNON, PA 18403. PLEASE TYPE OR PRINT LEGIBLY.**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (____) _____ EMAIL _____

DATE OF BIRTH MONTH _____ DAY _____ YEAR _____

I AM A CHILD/STEPCHILD/RELATIVE OF 109TH MEMBER

NAME _____

RANK _____ UNIT _____ DATES OF ENLISTMENT _____

ACADEMIC RECORD

This section is to be completed by a high school official.

Name of HS _____ HS Enrollment _____

Number of students in applicant's class _____ Cumulative GPA _____ Class Rank _____

HS Graduation Date _____ SAT Score Math _____ Verbal _____

Written _____ Total _____ and/or ACT score _____

Name Print _____ Signature _____

Affix school stamp or seal

* In no less than 500 words, describe your school and community activities. What value did you add? What values did you receive?

*Note: * Affix separate pages as necessary.*

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* In no less than 250 words, what program do you plan on pursuing when you enter a post-secondary institution? How will this benefit you and your community?

* In no less than 250 words, what post-secondary institution do you want to attend? Why?

*Note: * Affix separate pages as necessary.*

* In no less than 250 words, describe activities that would provide examples of leadership skills/abilities.

* In no less than 500 words, how did the veteran you are related to impact your life? Use additional sheet if necessary.

*Note: * Affix separate pages as necessary.*

CERTIFICATION

If I am selected as a scholarship recipient and in consideration thereof, I understand, agree and hereby grant permission to the 109th Infantry Regiment Association to use my likeness and name in announcing and promoting this scholarship program. I understand and agree that the 109th Infantry Regiment Association Legacy Scholarship Committee is solely responsible for the selection of the scholarship recipients and its decision is final. I have completed the scholarship application and have attached the required documents. I grant permission to the school of higher education I attend to release information concerning my enrollment status, academic standing and financial need to the 109th Infantry Regiment Association for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the 109th Infantry Regiment Association Legacy Scholarship.

Student's Signature

Date

If my child is selected as a scholarship recipient and in consideration thereof, we understand, agree and hereby grant permission to the 109th Infantry Regiment Association to use my child's likeness and name in announcing and promoting this scholarship program. I understand and agree that the 109th Infantry Regiment Association Scholarship Committee is solely responsible for the selection of the scholarship recipients and its decision is final. My child has completed the scholarship application and has attached the required documents. I grant permission to the school of higher education my child attends to release information concerning my child's enrollment status, academic standing and financial need to the 109th Infantry Regiment Association for use in administering my child's scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. I understand and agree that, falsification of information will result in termination of the 109th Infantry Regiment Association Legacy Scholarship.

Parent's/Guardian's Signature

Date