

# Martel Roberge Post #47 American Legion Scholarship Application

**Joseph R Robinson Scholarship.....\$1000.00**  
**Honore D Ouellette Scholarship.....\$1000.00**  
**Post #47 Memorial Scholarship.....\$1000.00**  
**Celia M. Hebert Scholarship.....\$300.00**

Name of Applicant: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

1. I am a graduating member of the Senior Class of:  
School: \_\_\_\_\_  
City: \_\_\_\_\_
2. I agree that the Scholarship will be used for school expenses.
3. If requested, I will meet with the Scholarship Committee.
4. I am a senior whose parents or guardian is a legal resident of the Town of Rollinsford, N.H. I reside in said Town, or am a senior whose parents or guardian is a member in good standing of Post #47 American Legion, or Unit #47 Auxiliary, or Squadron #47 S.A.L.
5. I have made application to the following school or schools:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I have been accepted by (any acceptable school of further education):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. On a separate sheet, give a brief description of the need for this Scholarship and goals to be pursued at the next level of education.  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

The following **must** accompany application:

1. A transcript or photo static copy of High School grades.
2. Occupations of parents or guardians.
3. Number of children in family.

**Note:** This Application must be forwarded before May 15, 2005 to:

Scholarship Chairman  
Martel Roberge Post #47  
P.O. Box 478  
Rollinsford, N.H. 03869-0478