

AMERICAN LEGION DEPARTMENT OF ARKANSAS
GARNER TRUST SCHOLARSHIP and COUDRET TRUST SCHOLARSHIP
APPLICATION

**MUST BE RECEIVED AT DEPARTMENT ON OR BEFORE MARCH 8, 2024 APPLICANTS
WILL BE NOTIFIED IF CHOSEN AS WINNERS.**

Note: Students may apply for either or both scholarships; however, only one scholarship will be awarded per recipient.

- I am applying for the Coudret Trust \$1,000.00 in-state or out of state tuition scholarship
- I am applying for the Garner Trust \$2,500.00 State of Arkansas tuition only scholarship
- I am applying for either scholarship and understand the eligibility criteria for both

Answer every question even if answer is non-applicable. Every answer is important in determining who will receive scholarship

Full name _____ Telephone _____ Date of Birth _____ Gender _____

Mailing Address _____ City _____ County _____ State _____ Zip _____

No. of Family members under 18 _____ No. of Other Siblings Under 23 in College _____ Household Annual Income \$ _____

Custodial Parent(s) Status Married Single Remarried Guardian One Disabled Both Disabled

Legionnaire Relationship

Applicants Relationship to Legion Member _____ Name of Legion Member _____

Post No. _____ Membership Number _____ Member Department of: (state) _____

No. of Years Membership _____ Legionnaire is _____ Living _____ Deceased (if deceased) Last year of membership _____

High School Information

Name of High School Attending _____ How long attended _____

Mailing Address of School _____ City _____ State _____ Zip _____

Cumulative Grade Point Average _____ ACT Score _____ SAT Score _____ Class Standing _____ / _____

School activities and offices held _____

Special Honors or Awards Received _____

College Career Pathway

Desired College Major _____ Secondary or Minor _____

I have or will apply to the following College(s) _____

I have been accepted to the following College(s) _____

My preferred choices of College are as follows: (1) _____ (2) _____ (3) _____

Scholarships applied for and amount _____

Scholarships received and amount _____

For Department Use Only

Date Received: _____

Application is: _____ Complete
_____ Incomplete – Missing _____

Area: NW SW SE NE _____

District _____

Endorsing American Legion Post Officer

Post Number Providing Endorsement Letter _____ Post Location City _____ State _____

Name of Member Providing Endorsing Reference Letter _____

Post Office Held _____ Relationship of Member to Scholarship Applicant _____

Statement of Understanding

I understand that the purpose of the Coudret and Garner Trust Scholarships are to provide monetary resources for access to college to descendants of members of The American Legion. In applying for these scholarships offered by The American Legion Department of Arkansas I certify that I am a direct descendant of a living or deceased member of The American Legion or an eligible step-child of a living Legionnaire.

Signature of Applicant

I pledge to lead a drug-free life, I want to be healthy and happy, I will say no to harmful drugs, I will help my friends say no. I pledge to stand up for what I know is right.

Preamble to the Constitution of The American Legion: For God and Country, we associate ourselves together for the following purposes: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred percent Americanism; to preserve the memories and incidents of our association in all Wars; to inculcate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and good will on earth; to safeguard and transmit to posterity the principles of justice, freedom, and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

I support the Above Preamble and Drug Free Pledge and give permission to use/publish my photograph

I give permission to use/publish my child's photograph

Signature of Applicant

Signature of Parent or Legal Guardian (if a minor)

THE SELECTION COMMITTEE RESERVES THE RIGHT TO REFUSE ANY APPLICATION

Please Note: Distribution of scholarship funds are made upon confirmation of the student's registration at a post-secondary education institution. Mail completed application to:

American Legion Department of Arkansas
P.O. Box 3280
Little Rock, Arkansas 72203
Phone: 1-501-375-1104

For a complete set of rules and qualifications, check The American Legion Department of Arkansas website at:
www.arlegion.org/programs/scholarships.html