



American Legion - Post 39 Patriotic Award Application



Name: _____ Phone: _____

Home address: _____

Email: _____

Name of Parent or Grandparent who is active or a veteran including Reserves or National Guard (Proof of service and dates of service required and attached)

Parent or Grandparent a member of American Legion? Yes / No

If yes, Post name, number, city and state:

High School or Vocational School enrolled and attending:

Expected Graduation Date: _____

Career plans after school graduation::

** Please include a list of references other than close family members and their contact information.

**Please include a one-page essay describing your history of duty, honor and commitment to your community and / or country.

Applicant Signature

_____ Date _____

Parent or Guardian

Signature _____ Date _____

Mail Application to:

American Legion Post 39 (Awards Officer)

112 4th Ave

Roebing, NJ, 08554