



ARKANSAS AMERICAN LEGION COLLEGE APPLICATION



Host: Saxton-Willis Post 64 October 18 - 20, 2024
49 Park Rd. Heber Springs, AR 72543

SECTION 1 – Applicant Contact Information

Last Name: _____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____ Bus Phone _____

Email Address: _____

SECTION 2 – Military and American Legion Service

A. List Years of Military Service: _____ to _____ OR: Auxiliary SAL

B. Branch of Service: _____ Year Joined Legion: _____ (1 year minimum plus current renewal)

C. American Legion Post # _____ Department _____ Membership ID _____

D. Completed American Legion Education Institute (ALEI) BASIC TRAINING Month _____ Year _____

E. Levels of Elected or Appointed Positions you've held at Post, District or Department Level: _____

F: Have you attended Mid-Winter, Convention or Lead Training: YES NO If YES, when: _____

Applicants Signature: _____ Date _____

Post Endorsement Signature: _____ Date _____

Post Endorsement Officer Title: _____ Post No.: _____

Return Completed Application to: Registrar, Arkansas American Legion College, Dept of Arkansas P.O. Box 3280, Little Rock, AR 72203. **Registration Deadline Date: 20 September, 2024.**