

The American Legion

Department of Arkansas

702 Victory Street – P.O. Box 3280 Little Rock, Arkansas 72203 www.arlegion.org Phone (501) 375-1104 -- Fax (501) 375-- eMail: alegion@swbell.net

January 1, 2025

The American Legion, Department of Arkansas, is offering eight (8) scholarships to be awarded in the spring of 2025. Four of the scholarships are from the Coudret Trust Foundation in the amount of \$1,000.00 each and four are from the Garner Trust Foundation in the Amount of \$2,500.00 each. The criteria for the two scholarship programs differ and will be available only to eligible students. Selections are based upon American spirit, character, leadership quality, scholastic endeavor, and basis of need. Below is a list of the qualifications for either scholarship:

- Must be children, grandchildren, or great-grandchildren of American Legionnaires in good standing
 of two or more consecutive years' membership. Stepchildren of living Legionnaires may apply if
 their parent is currently married to the Legion member. Children, grandchildren, and greatgrandchildren of deceased Legionnaires are also eligible.
- 2. Applicant or Legionnaire must be a resident of Arkansas.
- 3. Must have received a high school diploma or the equivalent by the time this scholarship will be awarded or be a graduate of a two-year college from an Arkansas Institution.
- 4. The Scholarship Application (see attached) must be submitted by the student and signed by his or her parent or legal guardian.
- 5. Applicants must provide: one character reference in business letter format from an official of the student's school, one letter of endorsement from an American Legion Post officer (local preferred), and one from an unrelated person belonging to none of the above.
- 6. A certified copy of the student's transcript along with ACT or SAT scores and class ranking.
- 7. A declaration of support for the Preamble to the Constitution of The American Legion, as printed on the application.
- 8. A Drug-Free Pledge is required as printed on the application.
- 9. One color photograph (approx. 3x5) and written authorization to use it. The photograph will be used for press releases.
- 10. On a separate sheet of paper, using an essay format, provide a brief autobiography. Be sure you describe your plan for achieving your educational and career goals and what led you into this career pathway. Explain your experiences and activities that were helpful in developing your leadership skills and justify why you are the most qualified to receive this scholarship.

The \$1,000.00 Coudret Trust Scholarship is available to students who choose to attend an Arkansas or out of state institution of higher learning.

The \$2,500.00 Garner Trust Scholarship is available to students that will attend an Arkansas college, university, or technical/trade school. It will not be transferable to an out of state institution of higher learning.

Both scholarships are a one-time award and are not renewable. Students may apply for either or both of scholarships; however, only one scholarship will be awarded per applicant.

The completed application and accompanying documents must be received at Department Headquarters on or before April 18, 2025.

<u>AMERICAN LEGION DEPARTMENT OF ARKANSAS</u>

GARNER TRUST SCHOLARSHIP and

COUDRET TRUST SCHOLARSHIP APPLICATION

MUST BE RECEIVED AT DEPARTMENT ON OR BEFORE APRIL 18, 2025 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 _____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 \$_____ 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) Scholarships applied for and amount Scholarships received and amount For Department Use Only **Date Received:** Application is: _____ Complete Incomplete – Missing

District

Area: NW

SW

SE

NE

Endorsing American Legion Post Officer Post Number Providing Endorsement Letter	Deat Leasting City	Santa
Post Number Providing Endorsement Letter	Post Location City	State
Name of Member Providing Endorsing Reference Le	etter	
Post Office Held	Relationship of Member to Scholarship Ap	pplicant
Statement of Understanding		
I understand that the purpose of the Coudret and Gara of members of The American Legion. In applying for I am a direct descendant of a living or deceased men	or these scholarships offered by The America	an Legion Department of Arkansas I certify that
Signature of Applicant		
I pledge to lead a drug-free life, I want to be healt stand up for what I know is right.	thy and happy, I will say no to harmful dru	ugs, I will help my friends say no. I pledge to
Preamble to the Constitution of The American purposes: To uphold and defend the Constitution a one hundred percent Americanism; to preser individual obligation to the community, state and master of might; to promote peace and good wi and democracy; to consecrate and sanctify our of	n of the United States of America; to main we the memories and incidents of our assolution; to combat the autocracy of both till on earth; to safeguard and transmit to	ociation in all Wars; to inculcate a sense of the classes and the masses; to make right the posterity the principles of justice, freedom
I support the Above Preamble and Drug Fre and give permission to use/publish my photo	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	to use/publish my child's photograph
Signature of Applicant	Signature of P	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