



DEPARTMENT OF MASSACHUSETTS

Hampden Hampshire Franklin Counties DISTRICT 3

EDUCATION SCHOLARSHIP COMMITTEE APPLICANT'S INSTRUCTIONS

Eligibility for the DELPOZZO SCHOLARSHIP in the amount of \$1,000, and the PAST COMMANDER'S SCHOLARSHIP(S), in the amount of \$500 is extended to any child/grandchild of a paid up member of an American Legion Post located in Hampden, Hampshire and Franklin Counties, provided that said Post is a currently paid-up affiliate of the District 3 Council of American Legion Posts. Verification of paid-up membership is to be provided by submission of a photocopy of the Legionnaire's membership card for the current year. Please include the relationship between applicant and member (father, mother, grandfather or grandmother).

SCHOLARSHIPS ARE AVAILABLE ONLY TO STUDENTS ENTERING THEIR FIRST YEAR OF COLLEGE.

APPLICANT'S HIGH SCHOOL TRANSCRIPT, CERTIFIED BY THE SCHOOL, MUST BE PROVIDED.

ALL APPLICATIONS, ALONG WITH RELATED PAPERWORK, MUST BE SUBMITTED (POSTMARKED) TO THE COMMITTEE CHAIRPERSON NO LATER THAN 1 MAY 2026.

SCHOLARSHIP CHECKLIST:

1. Properly filled out and signed application.
2. Photocopy of Legionnaire's membership card (current year).
3. Achievements listed on a separate sheet of paper.
4. Volunteer activities listed on a separate sheet of paper.
5. Applicant's High School Transcripts with SAT scores and Class Rank (certified by school) must be submitted.
6. All related paperwork postmarked NO LATER THAN MAY 1, 2026.

WHEN DISCUSSING ACHIEVEMENTS, WHETHER PERSONAL OR ACADEMIC, PLEASE USE A SEPARATE SHEET OF PAPER. ALL SUBMITTED INFORMATION IS KEPT CONFIDENTIAL. THE APPLICANT MAY BE CONTACTED FOR A PERSONAL INTERVIEW WITH THE COMMITTEE. THE COMMITTEE WILL MAKE SELECTIONS ON OR BEFORE MAY 31, 2026.



**DEPARTMENT OF MASSCHUSETTS
HAMPDEN HAMPSHIRE FRANKLIN COUNTIES DISTRICT 3
DELPOZZO SCHOLARSHIP &
PAST COMMANDER SCHOLARSHIP**

DATE: _____

STUDENT NAME: _____ **D.O.B.** _____

PERMANENT ADDRESS: _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____

HIGH SCHOOL ATTENDED: _____

DATE OF GRADUATION: _____

COLLEGE TO WHICH YOU HAVE BEEN ACCEPTED: _____

DEGREE OR MAJOR FIELD: _____

**NAME OF PARENT/GRANDPARENT WHO IS A PAID-UP MEMBER OF AN AMERICAN
LEGION POST IN HAMPDEN COUNTY AND POST NUMBER:** _____

_____ (include photocopy of membership card)

**LIST NAMES OF MEMBERS OF IMMEDIATE FAMILY LIVING AT HOME,
INCLUDING PARENTS, SIBLINGS, ETC.**

<u>Name</u>	<u>Relationship</u>	<u>Place of Employment/School if Student</u>
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GROSS FAMILY INCOME: CIRCLE APPROPRIATE RESPONSE

UNDER \$50,000

\$50-\$75,000

\$75,000-100,000

OVER 100,000

IF YOU WORKED WHILE IN SECONDARY SCHOOL, LIST PLACES: _____

ACHIEVEMENTS: USE A SEPARATE SHEET OF PAPER TO LIST

1. COMMUNITY ACTIVITIES in which you participated during the past 4 years (i.e., Red Cross, church work, volunteer work) (estimated hours per activity i.e. Red Cross 2wks x 2 hrs.)
2. SCHOOL ACTIVITIES in which you participated during the past 4 years (student government, music, sports, etc.)
3. PERSONAL ACHIEVEMENTS/AWARDS

CANDIDATE SIGNATURE: _____

CANDIDATE WILL REQUEST SECONDARY SCHOOL TO PROVIDE "OFFICIAL TRANSCRIPT" OF MOST RECENTLY COMPLETED EDUCATIONAL YEAR (in SEPARATE ENVELOPE) TO BE SUBMITTED TO THE COMMITTEE ALONG WITH COMPLETED APPLICATION.

SEND APPLICATION TO:

Cindy Lacoste, Past Commander
153 Liberty Lane
Westfield, MA 01085

Scholarship application and supporting documentation must be postmarked No Later Than 1 May 2026.

A personal interview with the applicant may be requested by the Committee.

DATE RECEIVED BY COMMITTEE: _____

INITIALS: _____