

LCPL Abram L. Howard Memorial Scholarship

Presented by:
American Legion Riders
Post 36 – Jersey Shore, PA

Student Name _____

Address _____

Phone Number _____ GPA _____

College(s) at which you are accepted _____

Do you have a parent, stepparent, legal guardian, or grandparent who is currently serving or who is a veteran?

YES _____ NO _____

Branch of Service _____

Check below which applies for the above mention-person:

- ☐ Active Duty Armed Services Personnel serving overseas
- ☐ Armed Service Veteran having served overseas
- ☐ Active Duty Armed Services Personnel serving stateside
- ☐ Armed Service Veteran serving stateside

Other family members in the Service _____

In 50 words or less, what is your career goal: _____

Must be submitted to the guidance office by Friday, April 4, 2025.