September 15, 2020

The American Legion, Department of Arkansas, is offering eight (8) scholarships to be awarded in the spring of 2021. 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:

1. Must be children, grandchildren, or great-grandchildren of American Legionnaires in good standing of two or more consecutive years’ membership. Step children of living Legionnaires may apply if their parent is currently married to the Legion member. Children, grandchildren, and great-grandchildren 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 March 12, 2021.
AMERICAN LEGION DEPARTMENT OF ARKANSAS
GARNER TRUST SCHOLARSHIP and COUDRET TRUST
SCHOLARSHIP APPLICATION

MUST BE RECEIVED AT DEPARTMENT ON OR BEFORE MARCH 12, 2021
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 ____________________________ Telephone _______________ 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 $_______
Custodial Parent(s) Status  Married           Single            Remarried           Guardian           One Disabled           Both Disabled

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)
___________________________________________________________________________________________________________

My preferred choices of College are as follows: (1) __________________________ (2) __________________________
(3) __________________________

Scholarships applied for and amount
____________________________________________________________________________________________________________

Scholarships received and amount
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

For Department Use Only

Date Received:

Application is: ______ Complete ______ Incomplete – Missing
____________________________________________________________________________________________________________

Area: NW SW SE NE District ________

Endorsing American Legion Post Officer

Post Number Providing Endorsement Letter________ Post Location City __________________________ State ________________

Name of Member Providing Endorsing Reference Letter
__________________________________________________________________________________________________________

Post Office Held ______________________________ Relationship of Member to Scholarship Applicant ________________
**Statement of Understanding**

I understand that the purpose of the Coudret and Garner Trust Scholarships are to provide monetary resources for access to college to descendants of members of the American Legion. In applying for these scholarships offered by The American Legion Department of Arkansas I certify that I am a direct descendant of a living or deceased member of The American Legion or an eligible step-child of a living Legionnaire.

___________________________________
Signature of Applicant

I pledge to lead a drug-free life, I want to be healthy and happy, I will say no to harmful drugs, I will help my friends say no. I pledge to stand up for what I know is right.

**Preamble to the Constitution of The American Legion:** For God and Country, we associate ourselves together for the following purposes: To uphold and defend the Constitution of the United States of America; to maintain law and order; to foster and perpetuate a one hundred percent Americanism; to preserve the memories and incidents of our association in all Wars; to inculcate a sense of individual obligation to the community, state and nation; to combat the autocracy of both the classes and the masses; to make right the master of might; to promote peace and good will on earth; to safeguard and transmit to posterity the principles of justice, freedom, and democracy; to consecrate and sanctify our comradeship by our devotion to mutual helpfulness.

I support the Above Preamble and Drug Free Pledge

I give permission to use/publish my child’s photograph and give permission to use/publish my photograph

___________________________________
Signature of Applicant

___________________________________
Signature of 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](http://www.arlegion.org/programs/scholarships.html)