



2023-2024 Douglas Milford Lyons Dover Post 72 CTE Scholarship



Student Name:
Address:
Phone number:
Email address:
<p>Explanation of the Douglas Milford Lyons CTE Scholarship: <i>Dover Post 72, The American Legion is offering a \$500, one-time scholarship for cost of school to a student(s) who will be selected based on the criteria below. Upon selecting the recipient(s), Dover Post 72 will contact the CTE institution to arrange for direct payment to the school.</i></p>
Criteria for Scholarship: * MUST BE TYPED *
1. Student must be involved in community, display good citizenship, and demonstrate patriotism.
2. GPA of 3.0 or higher.
3. Must be accepted into a trade or technical school and have proof of registration. (List school name in essay.)
4. Recommendation letter from applicable Stewart County High School CTE instructor, and an endorsement or recommendation letter from a source outside of SCHS and not a relative. (2 - Recommendation/Endorsement letters required)
5. Student will submit a short essay 300-word or less essay stating the following: Their community involvement, which CTE school they will attend, how the scholarship will assist them in achieving their planned career, and how they believe this will benefit their future community. The grading of the essay will be based on grammar, spelling, originality, and context and should be at a level consistent with exceptional high school work. Extra credit: Attended Boys/Girls State or placed in any state-level competitions for their CTE program.
Attach the above documents to this information sheet and submit the package to the SCHS Guidance Counselor by March 28, 2024 . A board of American Legion members will review the application and based on their scoring; a recipient will be selected.
<i>NOTE: Dover Post 72 retains the right to withdraw a scholarship due to behavioral misconduct or failure to enroll in the CTE school and will be responsible for the selection process.</i>
Contact information for Dover Post 72: Point of Contact: _____ Telephone: _____ Email: _____

Financial Need

– In the space provided below, please check which one indicates your family’s adjusted gross income from last year’s tax return.

_____ Under \$15,000

_____ \$31,000 to \$35,000

_____ \$16,000 TO \$20,000

_____ \$36,000 to \$50,000

_____ \$21,000 TO \$25,000

_____ Over \$50,000

_____ \$26,000 TO \$30,000

Number of dependents in your parents’ family including yourself:

Children: _____ Ages: _____ Number attending college: _____