

APPLICATION

THE AMERICAN LEGION HIGH SCHOOL TOP COWBOY AND TOP COWGIRL AWARD IN AMERICANISM

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT PHONE NUMBER _____

APPLICANT EMAIL _____

YEAR IN HIGH SCHOOL 9TH, 10TH, 11TH, 12TH,

NAME OF HIGH SCHOOL _____

HIGH SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL PHONE NUMBER _____

PARENT OR GUARDIAN _____

PARENT OR GUARDIAN ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

PARENT OR GUARDIAN PHONE NUMBER: _____

SDHSRA REG. NO _____ DATE _____

(PLEASE RETURN APPLICATION WITH COMPLETED AMERICANISM
TASK SHEETS TO YOUR NEAREST LOCAL AMERICAN LEGION POST).