



Fill in all applicable generations. Only submit information for one ancestor.

I am the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

Who is the Daughter/Son of \_\_\_\_\_

\_\_\_\_\_ Enlisted \_\_\_\_\_ Company \_\_\_\_\_ Regiment \_\_\_\_\_

Veteran's Name

Month Day Year

and whose serviced ended \_\_\_\_\_

State Unit

Month Day Year

Make a brief statement to why application for financial assistance is being made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other activities (school, work, community, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

**Send by First Class Mail Only.**

**RETURN COMPLETED APPLICATION AND ALL ATTACHMENTS TO GRAND ARMY OF THE REPUBLIC LIVING MEMORIAL SCHOLARSHIP CHAIRPERSON:**

**Janice Cass, Chairperson  
5835 County Road 37  
Galion, OH 44833**

For additional information contact the Chairperson at [jscass54@gmail.com](mailto:jscass54@gmail.com)