



THE AMERICAN LEGION  
Department of Florida  
JROTC CADET OF THE YEAR APPLICATION

**ELIGIBILITY:**

- Student must be a member of a Florida high school approved JROTC unit.
- The student must be in their *senior year* of an accredited Florida high school.
- **Only one student from each high school JROTC unit will be accepted.** *The Senior Military Instructor is responsible for choosing the cadet to receive the application.*

**APPLICATION MUST INCLUDE:**

- A letter of recommendation from the Commanding Officer of the JROTC unit telling why this cadet should be selected for scholarship over all others.
- A computer generated copy of the cadet's military record must be attached to the application. The record must include Ranks, Jobs, Awards and Events.
- Submissions **must be typed**. You can download the application at [floridalegion.org/programs-services/scholarships/](http://floridalegion.org/programs-services/scholarships/) or e-mail the Programs Director at [edouglas@floridalegion.org](mailto:edouglas@floridalegion.org) to get a **WORD** document version of the application.

**Deadline for submission:** received by **March 1<sup>st</sup>** of the current school year

**Submit Application to:**  
The American Legion Dept. of Florida  
Programs Director  
PO Box 547859  
Orlando, FL 32854-7859

**If you have any questions please contact Programs Director, Elizabeth Douglas, at 800-393-3378 ext. 235 or [edouglas@floridalegion.org](mailto:edouglas@floridalegion.org)**



# Florida American Legion ROTC CADET OF THE YEAR APPLICATION



**DIRECTIONS FOR COMPLETING THIS APPLICATION: All submissions must be typed.**  
*Do not* attach any documents or additional pages to this application, except as required. All other documents or added pages will be discarded.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parents Names \_\_\_\_\_

Name of High School you attend \_\_\_\_\_

Address of School \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Name of JROTC Commanding Officer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School phone # \_\_\_\_\_ JROTC Ext. \_\_\_\_\_

Type of JROTC Unit:     Army \_\_\_\_\_     Navy \_\_\_\_\_     Air Force \_\_\_\_\_     Marine \_\_\_\_\_

Number of cadets in unit \_\_\_\_\_

**High School Record: This section to be completed by high school official.**

(Can be hand written)

Name of School \_\_\_\_\_

Cumulative Grade Point Average (GPA) \_\_\_\_\_     Scale A= \_\_\_\_\_

Class Rank \_\_\_\_\_     Expected Date of Graduation \_\_\_\_\_

SAT Scores Math \_\_\_\_\_     Verbal \_\_\_\_\_     Total \_\_\_\_\_     or ACT Score \_\_\_\_\_

\_\_\_\_\_  
 Signature of School Official     Date \_\_\_\_\_

\_\_\_\_\_  
 Print/Type name and title



List any offices held and honors and/or awards that you have received in the above activities:

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What career do you plan on pursuing when you enter post secondary education?

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Why?

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What institution of higher learning do you want to attend?

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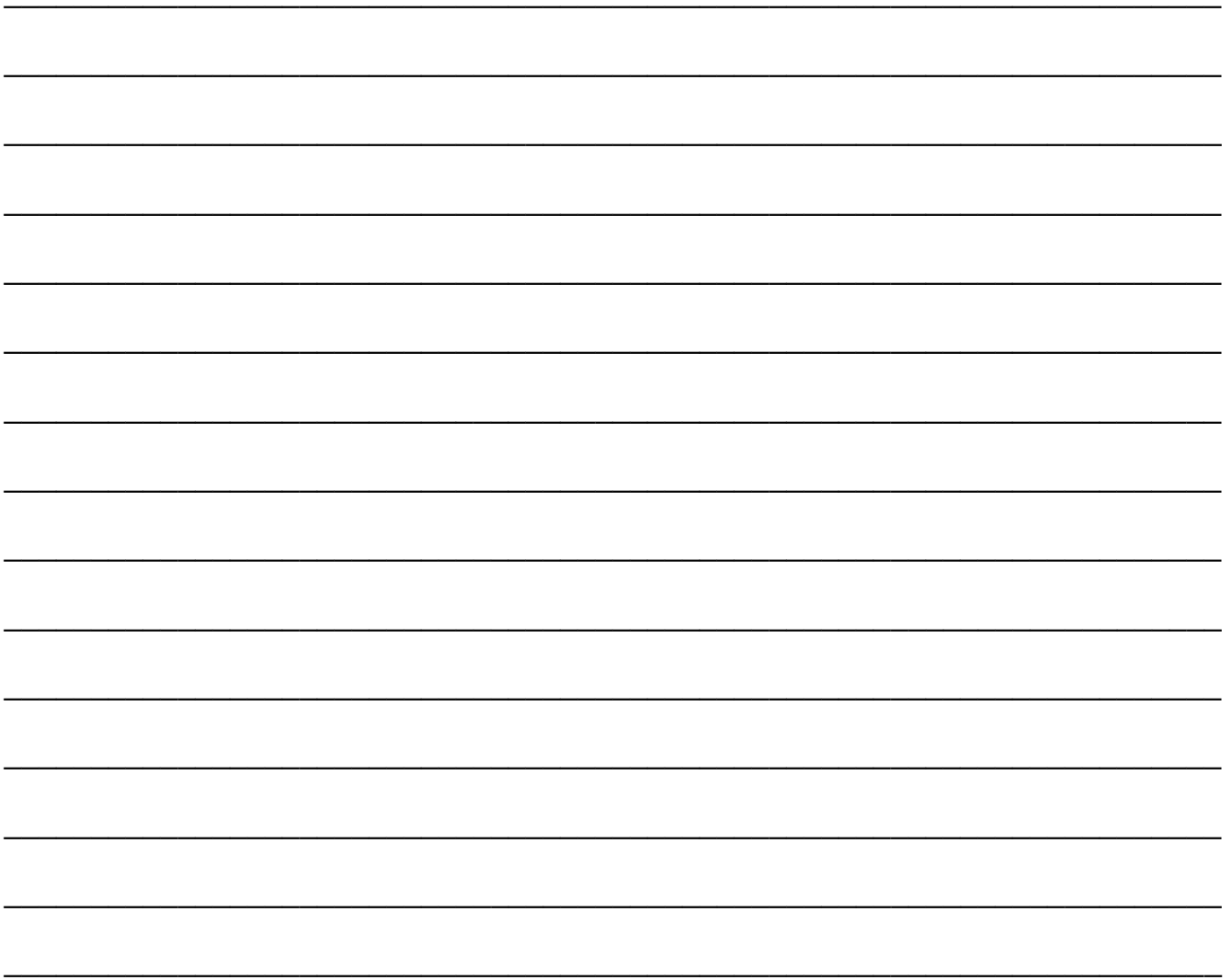
Why?

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## **CERTIFICATION**

If I am selected as a scholarship winner, I give The American Legion Department of Florida permission to use my name and photo in announcing and promoting this scholarship program. I understand that the Department Selection Committee is solely responsible for the selection of the scholarship winners, and its decision is final. I have completed the scholarship application and grant permission to the school of higher education I attend to release information concerning my enrollment status and academic standing to The American Legion Department of Florida for use in administering my scholarship award. In submitting this application, I certify that the information is complete and accurate to the best of my knowledge. Falsification of information will result in termination of this Scholarship.

\_\_\_\_\_ Date \_\_\_\_\_  
Student Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature