# AMERICAN TURNERS

"Sound Mind in a Sound Body"

**National Office**
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## APPLICATION FOR AN AMERICAN TURNER SCHOLARSHIP AWARD

I, _____, am applying for a 1year American Turner Scholarship Award.
**PRINT** Applicant's Name

It is my understanding that American Turners will contribute an amount, to be determined (if) when this application is approved, toward the total cost of tuition and books and that I am responsible for the balance. I agree to fulfill all of the requirements as stated in the **Requirements Covering the Granting of Scholarships** attached to this application. In addition, I understand that my written essay may be used in Turner Topics or on the AmericanTurners.org website. to promote Turnerism.

Signature _____ Home Address_____

Applicant's Name _____ City _____State _____Zip _____

Phone _____-_____ -_____ Date of Birth _____/_____/_____ Email Address _____

American Turner Membership: Date Joined _____/_____/_____ Official Membership Card # _____

The **applicant** must be a **member** of American Turners for a **minimum of twelve (12) months prior to July 1st** of any given year and be in **good standing** with his or her Society. The **official membership anniversary date** is the date printed by the National Office on the annual **Membership card**. Scholarships are awarded to full-time students beginning in their Junior year. A scholastic recipient may only receive a maximum of two **(2)** scholastic awards.

Parent or Legal Guardian's name: _____
(Only needed if the applicant is under 21 years of age)

College or University _____ Declared Major _____

Remit Scholarship Payment to the Address of:_____
Admissions Office / Registrar's Office / Financial Aid Office / Other

### Certification and Endorsement of Society, District and National Office

I have reviewed this application for a Scholarship Award submitted by the above named applicant and find, to the best of my knowledge, that he or she meets all of the requirements. Therefore, I recommend that he or she receives an American Turner Scholarship Award.

**Name of Society**_____Signature_____
**Society President**

**Name of District**_____Signature_____
**District President**

### Endorsement of the National Scholarship Committee

The American Turners agree to contribute $_____ as a Scholarship for_____
Applicant's Name
while a student at _____ for a period of one year provided that he or she fulfills
Name of College or University
all of the requirements as stated in the **Requirements of Applicants (Rev. 2018)** of the American Turners.

**Signature**_____ **Signature**_____
**Chair - National Scholarship Committee** **President/Secretary - American Turners**

**Effective January 1st, 2024**