

**The American Legion
College of New York
Class of 2010**

Morrisville College (Madison County) June 11, 12, 13, 2010

Application for Enrollment

PLEASE PRINT OR TYPE COMPLETELY

Name _____ Age _____ Phone # (_____) _____

Address _____ City _____, NY Zip _____

Post _____ County _____ District _____

E-Mail Address _____ Number of Years in the Legion _____

Leadership positions held in The American Legion with year. _____

I agree to let college staff give my name and address to the College Alumni Association. YES ___ NO ___

- A check for **Full Payment of \$200.00** made payable to "The American Legion Department of New York" **Must accompany this application.**
- This payment covers two nights' dormitory lodging, 5 meals and college materials.
- Only one check and person will be accepted per application. Check # _____
- Bell Jar or other funds may be used for college training and is encouraged.
- Mail Application and Check to: **Robert L. Morrill
The American Legion
Suite 1300
112 State Street
Albany, New York 12207**
- **Absolute Deadline** for submission of application is: **APRIL 1, 2010**
- Notification of acceptance to The American Legion College is: **MAY 1, 2010**
- I understand that if accepted for The American Legion College of New York, there will be **NO REFUND** of my tuition in the event I need to cancel. I also understand I may submit a substitute person if I am unable to attend and that if I am not accepted for the college this year, a full refund will be made and I will be considered for the college next year.

Signature _____ Date _____