

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF OREGON
SCHOLARSHIP APPLICATION**

This gift scholarship will be granted to a child of a Veteran, or widow or widower of a Veteran, or spouse of a disabled Veteran for educational assistance other than high school. The amount awarded will be a one-year grant of \$1,000 to be used for educational fees in an accredited community college or a four-year college. Upon receiving verified registration, the \$1,000 will be paid to the school or, if requested, to the applicant directly.

This scholarship is not renewable and must be used within one year of award. This scholarship will be granted on the basis of ability, aptitude, character, determination, seriousness of purpose, and financial need. Decision of the members of the Education Committee shall be final.

Return by March 1st to the American Legion Auxiliary Unit in the community in which you reside.

Name of Applicant _____ Birth Date _____

Home Address _____
Street City Zip Code

Phone _____

Last School attended _____ Date of Graduation _____

FAMILY INFORMATION

Veteran's Name _____ Age ____ Phone _____
(Father, Mother or Spouse)

Home Address _____
Street City Zip Code

Date of Enlistment _____ Discharge Date _____ Branch of Service _____

Occupation _____ Employer _____ Phone _____

Other Parent's Name _____ Age ____ Phone _____
(If parents are separated, or if either is deceased, so indicate)

Home Address _____
Street City Zip Code

Occupation _____ Employer _____

What is the annual income of the Family? _____

Name of other Family Dependents

Age

Relationship

PERSONAL INFORMATION

Name of school you plan to attend: _____

Proposed course of study: _____

Length of course: _____ Estimated Cost: _____ Date of Entry: _____

In the space provided, or on a separate sheet of paper:

List your employment, community, and volunteer history:

Give details of your financial need (describe any special circumstances that might help the scholarship committee understand your specific needs):

Include a one-page essay on the following topic: "How pride in country, community, school and family directs my daily life".

I certify that all statements in this application are correct to the best of my knowledge.

Date _____

Signature of Applicant

Address

Note: Submit completed application and all required materials listed below as one document to the American Legion Auxiliary Unit in the community in which you reside by March 1st.

Application Packet Requirements:

1. A recent certified transcript of high school and (if applicable) college grades. If it has been more than five years since applicant has attended school, submit work history.
2. Four (4) letters of recommendation from adult citizens (i.e., employer, friends, clergyman/woman, teacher, principal, guidance counselor) attesting to applicant's character in regard to conduct, citizenship, and leadership.
3. Financial needs statement.
4. One page essay on the following topic: "How pride in country, community, school and family directs my daily life".
5. Proof of eligibility for this scholarship, i.e., copy of parent or spouse's discharge from service (DD214) or proof that the applicant is a child of a Veteran, a widow of a Veteran, or the spouse of a disabled Veteran. The Veteran must have honorably served after April 6, 1917 or are currently serving their country in the Armed Forces.

THIS PAGE TO BE COMPLETED BY SUBMITTING UNIT

I certify that I have seen proof of eligibility of the above applicant for the Department Scholarship.

Unit President, Secretary, or Education Chairperson

Date

Unit Name and Number

Address

City State Zip

Each unit is responsible for verifying all necessary information in the applicant's packet, including proof of eligibility.

Only one application is to be sent from each Unit.

The selected application (with all required materials) should be forwarded to the Education & Scholarship Chairperson -

...on or before March 15th:

...Suzanne Driver, 5050 Columbus S.E. Space #232, Albany, OR 97322.