## AMERICAN LEGION AUXILIARY DEPARTMENT OF OREGON

## 2026 SCHOLARSHIP APPLICATION

This gift scholarship will be granted to a child of a Veteran, or widow 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 1<sup>st</sup> to the American Legion Auxiliary Unit in the community in which you reside.

fame of Applicant		Birth Date	
Iome Address	City		
Street	City		Zip Code
none			
		Date of G	Graduation
	FAMILY INFORMA	<u>TION</u>	
eteran's			
ame		Age	Phone
(Father, Mother or Spo	use)		
ome Address			
Street	City	,	Zip Code
ate of Enlistment	Discharge Date	Branc	h of Service
ccupation	Employer_		_ Phone
ther Parent's Name		Age	Phone
(If parents	are separated, or if either is decease	sed, so indicate)	
ome Address			
Street	Ci	ty	Zip Code
	Emp	lover	

Name of other Family Dep	<u>endents</u>	<u>Age</u>	<u>Relationship</u>
	PERSONAL INF	<u>ORMATION</u>	
Name of school you plan to	attend:		
Proposed course of study:			
			of Entry:
	on a separate sheet of paper nmunity, and volunteer histo		
Give details of your finance committee understand your		al circumstances th	at might help the scholarship

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

Date	
	Signature of Applicant
	Address

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

**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 1<sup>st</sup>.

## **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 husband's discharge from service (DD214) or proof that the applicant is a child of a Veteran, a widow of a Veteran, or the wife 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 se	een proof of eligibility of t	the above application	ant for the Department Scholarship.
Unit President, Secretary, or Education Chairperson			Date
Unit Name and Numb	per		
Address			
City	State	Zip	
Each unit is responsible of eligibility.	ble for verifying all necess	ary information	in the applicant's packet, including proof
Only one application	is to be sent from each Ur	nit.	

Scholarship Chairperson - on or before March 15, 2025:

To: Karol Satterfield at 1800 Lakewood Ct. Space #40 Eugene. Ol

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

To: Karol Satterfield at 1800 Lakewood Ct. Space #49 Eugene, OR 97402 | Email: ksatterfield1179@yahoo.com