



**AMERICAN LEGION AUXILIARY  
GENERAL STUDIES SCHOLARSHIP APPLICATION - TRADITIONAL  
DEPARTMENT OF IDAHO  
2017**

One scholarship in the amount of \$1000 will be awarded at summer convention.

RULES

Applicant must:

1. be a daughter, son, grandson, granddaughter, great-granddaughter, or great-grandson of a veteran who served in the Armed Forces during eligibility dates for membership in The American Legion.
  - a. April 6, 1917 through November 11, 1918 (WWI)
  - b. December 7, 1941 through December 31, 1946 (WWII)
  - c. June 25, 1950 through January 31, 1955 (Korea)
  - d. February 28, 1961 through May 7, 1975 (Vietnam)
  - e. August 24, 1982 through July 31, 1984 (Grenada and Lebanon)
  - f. December 20, 1989 through January 31, 1990 (Panama)
  - g. August 2, 1990 to the date of cessation of hostilities (Persian Gulf to present)
2. be a resident of Idaho.
3. complete a non-traditional application if out of high school more than two years.
4. enter and receive training at an accredited post secondary facility within two years of scholarship award.
5. notify American Legion Auxiliary Education chairman if leaving school prior to program completion.

Include all of the following: (applicant is responsible to ensure signatures and dates on letters of recommendation.)

1. completed application form
2. well-written letter of application, signed and dated
3. letters of recommendation - official letterhead preferred - signed and dated from:
  - a. high school counselor or principal
  - b. non-family business person who knows you well
  - c. non-family member character witness
4. high school transcript including ACT or SAT scores
5. eligible veteran's certificate of honorable discharge (Form DD-214)
6. current financial statement (FAFSA – Free Application for Financial Student Aid)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of parent, or guardian where you reside \_\_\_\_\_

Date of high school graduation \_\_\_\_\_

University, college or other post secondary program you plan to attend \_\_\_\_\_

Extra-curricular activities and interests:

Family/guardian contribution to your education:

a. per month \_\_\_\_\_ b. per year \_\_\_\_\_

Number of other dependent children in family \_\_\_\_\_

Your family position ( ) eldest ( ) middle ( ) youngest

\_\_\_\_\_  
Print or type full name Signature

\_\_\_\_\_  
Date of application

**Complete application must be received by local unit no later than May 1, 2017.**

Make a copy of completed application for your records.

**Unit chairman will verify and submit winning application to department education chairman by June 1, 2017.**

**\*\*EACH UNIT IS RESPONSIBLE TO VERIFY ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.**

Unit Name and Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
*Signature of Unit President* *Signature of Unit Secretary or Education Chairman*

Final decision is made by the Department Education Chairman and two qualified judges.