

AMERICAN LEGION AUXILIARY NON-TRADITIONAL NURSES SCHOLARSHIP DEPARTMENT OF IDAHO 2017

One scholarship, either traditional or non-traditional, in the amount of \$1000 will be awarded at summer convention.

RULES

Applicant must:

- 1. be a veteran, child or grandchild 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 to the ALA scholarship committee describing your career goals, experience signed and dated
- 3. letters of recommendation official letterhead preferred signed and dated from:
 - a. non-family business person who knows you well
 - b. non-family member character witness
- 4. most recent high school or college transcript including ACT or SAT scores
- 5. work history resume
- 6. eligible veteran's certificate of honorable discharge (Form DD-214)
- 7. current financial statement (FAFSA Free Application for Financial Student Aid)

Award is paid directly to the school for the first semester upon notification from the school that the student has registered.

American Legion Auxiliary Department must receive certification of enrollment within 12 months of awardee's notification or the scholarship will be forfeited.

Name of Applicant:				
Address:				
City:	State	ZIP:		
Phone:	Email:			
Name of high school and	date of graduation_			
University, college or othe attend		• •		
Activities and interests:				
Family or other contribution	on to your education	n:		
a. per month	b	o. per year		
Your savings				
Any government benefits	amount per month			
Number of dependent chi	ldren in family			
Print or type fu	ıll name		Signature	
Date of application	 ation	_		

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 information and submit 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.