



**AMERICAN LEGION AUXILIARY
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 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 to the ALA scholarship committee, 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: may be included in letter of application

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 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.