



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL NURSES SCHOLARSHIP
DEPARTMENT OF IDAHO
2020**

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(WWII) to the 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 other post secondary program you plan to attend _____

Activities and interests:

Family or other contribution to your education:

a. per month _____ b. per year _____

Your savings _____

Any government benefits amount per month _____

Number of dependent children in family _____

Print or type full name

Signature

Date of application

Complete application must be received by local unit no later than May 1, 2020.

Make a copy of completed application for your records.

Unit chairman will verify information and submit application to department education chairman by June 1, 2020.

****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.