



**AMERICAN LEGION AUXILIARY
TRADITIONAL NURSES SCHOLARSHIP
DEPARTMENT OF IDAHO 2022-2023**

One scholarship, either traditional, or non-traditional, in the amount of \$1,000 will be awarded at Department 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 (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 chairperson if leaving school prior to program completion.
6. Include all the following: (applicant is responsible to ensure signatures and dates appear on letters of Recommendation).
7. Complete application form
8. Well-written letter of application to the ALA scholarship committee, signed and dated
(Recommendation – official letterhead – signed and dated form)
 - a. High school counselor or principal
 - b. Non-family businessperson who knows you well
 - c. Non-family member character witness
9. High school transcript including ACT or SAT scores
10. Eligible veteran's certificate of honorable discharge (Form DD-214)
11. 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 another 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

COMPLETED APPLICATION must be received for verification to LOCAL UNIT no later than May 1, 2023.

If you are unable to contact your local Unit, contact Department Headquarters ida legionaux@gmail.com

Make a copy of completed application for your records.

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

For Unit information contact your local American Legion Post

Unit Name and Number: _____

Address: _____

City State Zip

Signature of Unit President/or Secretary

****Please send the application to the [Department Education Chairperson Kristal Tighe](#)
[8766 Rim RD, Nampa, ID 83687](#) (208) 362-9359 desrtgirl@netzero.net**

Signature of Education Chairperson

The Department Education Chairman and Education Committee make final decision.



**AMERICAN LEGION AUXILIARY
GENERAL STUDIES SCHOLARSHIP APPLICATION - TRADITIONAL
DEPARTMENT OF IDAHO
2022- 2023**

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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 (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 Chairperson if leaving school prior to program completion. Include all the following: (applicant is responsible to ensure signatures and dates appear on letters of recommendation.)
6. Complete application form
7. Well-written letter of application to the ALA scholarship committee, signed and dated
8. Letters of Recommendation – official letterhead preferred – signed and dated form:
 - d. High school counselor or principal
 - e. Non-family businessperson who knows you well
 - f. Non-family member character witness
8. High school transcript including ACT or SAT scores
9. Eligible veteran’s certificate of honorable discharge (Form DD-214)
10. 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 another 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:

b. Per month _____ b. Per year _____

c. Number of other dependent children in family _____

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

Print or type full name

Signature

Date of application

COMPLETED APPLICATIN must be received for verification to LOCAL UNIT no later than May 1, 2023.

If you are unable to contact your local Unit, contact Department Headquarters idalegionaux@gmail.com

Make a copy of completed application for your records.

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

For Unit information contact your local American Legion Post

Unit Name and Number: _____

Address: _____

City

State

Zip

Signature of Unit President/or Secretary

****Please send the application to the [Department Education Chairperson Kristal Tighe](#)**

[8766 Rim RD, Nampa, ID 83687](#)

[\(208\) 362-9359](#)

desrtgirl@netzero.net

Signature of Education Chairman

The Department Education Chairman and Education Committee make final decision.

American Legion Auxiliary General Studies Scholarship Traditional Application available online



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF IDAHO
NON-TRADITIONAL SCHOLARSHIP APPLICATION
2022- 2023**

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail Address: _____

I am a member of good standing of:

_____ American Legion Auxiliary Unit name and number _____

_____ American Legion Post name and number _____

_____ Sons of the American Legion Squadron name and number _____

Member number _____ Date of enrollment _____

Relationship to veteran _____ Attested: _____

Unit Secretary

Scholarship Information

Date of high school graduation: _____

Attach copy of high school transcript (if graduated in the last 10 years.)

College last attended _____

Attach copy of most recent transcript. If it has been more than five years since applicant has attended school, submit work resume. **Financial information:**

Applicant's adjusted gross income \$ _____ (AGI) Form 1010 -Line 31; 1040A -Line 6e; 1040EZ -Line 4.)

List support or income from other sources: _____

Number of Dependents: _____

Describe any circumstances that may affect support for your college education.
Attach additional sheets if necessary.

Character/leadership—Attach additional sheets if necessary

Describe community service activities in which you have participated during high school, college, or career.

List offices held and/or awards received:

Initiative/goals

Describe which major you plan to pursue in college and why?

Which college or university do you plan to attend and why? _____

Explain who or what inspired you to seek a college degree. _____

Type or print Name

Applicant's signature

Date: _____

APPLICATION PACKET REQUIREMENTS:

1. Completed application
2. Copy of college transcript if applicable
3. Work history – resume
4. Letter of recommendation from recent employer – official letterhead preferred – signed and dated
5. Copy of FAFSA (Free Application for Financial Student Aid) Form submitted for college assistance

Unit Name and Number: _____

Address: _____

City State Zip

Signature of Unit President/or Secretary

**COMPLETED APPLICATION must be received for verification to LOCAL UNIT no later than May 1, 2023.
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Make a copy of completed application for your records.

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

For Unit information contact your Local American Legion Post

****Please send the application to the [Department Education Chairperson Kristal Tighe](#)
[8766 Rim RD, Nampa, ID 83687](#) [\(208\) 362-9359](#) desrtgirl@netzero.net**

Signature of Education Chairman

The Department Education Chairman and Education Committee make final decision.

American Legion Auxiliary Non-Traditional Scholarship Application available online