



**AMERICAN LEGION AUXILIARY  
TRADITIONAL NURSES SCHOLARSHIP  
DEPARTMENT OF IDAHO 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 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 the following: (applicant is responsible to ensure signatures and dates appear on letters of recommendation.)

1. complete 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 form:
  - a. high school counselor or principal
  - b. non-family businessperson 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 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 to LOCAL UNIT no later than May 1, 2023, from applicant.\***

**Make a copy of completed application for your records.**

**If not able to contact local UNIT, contact Department Office (208) 342-7066**

or [idalegionaux@gmail.com](mailto:idalegionaux@gmail.com) for assistance.

**\*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/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](mailto:desrtgirl@netzero.net)**

\_\_\_\_\_  
Signature of Education Chairperson

**Final decision is made by the Department Education Chairman and Education Committee.**

American Legion Auxiliary Traditional Nurses Scholarship Application on-line



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

One scholarship, either traditional, or non-traditional, in the amount of \$1,000 will be awarded at Department Convention.

**RULES**

Applicant must:

6. 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
7. be a resident Idaho
8. complete a non-traditional application if out of high school more than two years
9. enter and receive training at an accredited post-secondary facility within two years of scholarship award.
10. notify American Legion Auxiliary Education chairman if leaving school prior to program completion.

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
9. 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
10. high school transcript including ACT or SAT scores
11. Eligible veteran’s certificate of honorable discharge (Form DD-214)
12. 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 \_\_\_\_\_

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 to LOCAL UNIT by May 1, 2023, from applicant.\***

**Make a copy of completed application for your records.**

**If not able to contact local UNIT, contact Department Office (208) 342-7066 or**

**[idalegionaux@gmail.com](mailto:idalegionaux@gmail.com) for assistance.**

**\*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/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](mailto: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  
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, Legion, or Sons Secretary signature

**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

**\*COMPLETED application must be received to LOCAL UNIT by May 1, 2023, from applicant.\***  
**Make a copy of completed application for your records.**

**If not able to contact local UNIT, contact Department Office (208) 342-7066**  
or [idalegionaux@gmail.com](mailto:idalegionaux@gmail.com) for assistance.

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

**Unit chairman will verify and submit application to Department Education Chairman by June 1, 2023.**

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](mailto: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