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

RULES

Applicants must:
1. be direct descendants of veterans who served in the United States Armed Forces during eligibility dates for membership in The American Legion Family and were honorably discharged. Membership in The American Legion Family is not required to apply for this scholarship.
   a. April 6, 1917 through November 11, 1918 (WWI)
   b. December 7, 1941 (WWII) to the present
2. be residents of Idaho.
3. be in their senior year of high school.
4. complete a non-traditional application if out of high school more than two years.
5. attend an accredited institution of higher education within two years of scholarship award.
6. 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 appear on letters of recommendation.)

1. completed application form
2. well-written letter of application, 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, teacher or clergyman
   c. non-family adult to vouch for your conduct, leadership, citizenship, and character
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: ________________

American Legion Auxiliary General Studies Traditional Scholarship Application - also available on line at www.idahoala.org
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, 2024.
Make a copy of completed application for your records.
Department Office 208 342-7066 or email ida legionaux@gmail.com for assistance to locate unit.

EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN THE
APPLICATION PACKET and submit one application to Education Chairman Bird Derrick
279 West 3rd North       Rigby ID 83442       208 520-4710      gmabird1@yahoo.com
by June 1, 2024.

Unit Name and Number ________________________________

Address ________________________________________________

City, State, Zip ____________________________________________

_______________________________________  _________________________
Signature of Unit President or Secretary                      Signature of Dept Education Chair

Final decision is made by the Department Education Chairman and two qualified judges.
Award is paid directly to the school for the first semester upon notification from the school that the
student has registered.