



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL NURSES SCHOLARSHIP
DEPARTMENT OF IDAHO
2024**

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

RULES

Applicant must :

1. be a member of The American Legion, American Legion Auxiliary, or Sons of the American Legion and shall have paid dues for the two preceding years and for the calendar year in which application is made.
2. be a resident of Idaho.
3. be returning to the classroom after some period of time in which formal education was interrupted or beginning post secondary education at a later point in life.
4. enter and receive training at an accredited facility of higher education 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 adult to vouch for your conduct, character, citizenship, leadership
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 verification of enrollment within 12 months of awardee's notification or 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 by May 1, 2024.

Make a copy of completed application for your records.

Department Office 208 342-7066 or email idalegionaux@gmail.com for assistance to contact unit.

****EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN THE APPLICANT'S PACKET.**

Unit chairman will submit one application to department 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 other officer

Signature of dept education chair

Final decision is made by the Department Education Chairman and two qualified judges.