



**AMERICAN LEGION AUXILIARY
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

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 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: (applicants are responsible to ensure signatures and dates appear on letters of recommendation.)

1. completed 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 from:
 - a. high school counselor or principal
 - b. non-family business person, teacher or clergyman who knows you well
 - c. non-family adult to vouch for character, conduct, leadership, and citizenship
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 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 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 locate unit.

Submit completed application to Department Education Chairman Bird Derrick
279 West 3rd North Rigby ID 83442 208 520-4710 gmabird1@yahoo.com

EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN APPLICATION PACKET and submit one application to department by June 1, 2024.

Award is paid directly to the school for the first semester upon notification from the school that the student has registered.

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.

American Legion Auxiliary Traditional Nurses Scholarship Application - also available on line at www.idahoala.org