



AMERICAN LEGION AUXILIARY SCHOLARSHIP
Department of Idaho
GENERAL STUDIES NON-TRADITIONAL APPLICATION
2025

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 the scholarship will be forfeited.***

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

I am a member in good standing of:

___ American Legion Auxiliary Unit name and number _____

___ The American Legion Post name and number _____

___ Sons of the American Legion Squadron name and number _____

Member number _____ Date of enrollment _____

City _____ State _____

Name of veteran through whom applicant is eligible for membership: _____

Relationship to veteran _____

Attested: _____

Unit secretary or other officer

Scholastic 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 any other sources.

Number of dependents _____

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

Character/leadership/citizenship--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 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

Complete application must be received by local unit no later than May 1, 2025.

Make a copy of completed application for your records.

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

Unit chairman submit winning application to *department education chairman*

**Bird Derrick 279 West 3rd North Rigby ID 83442 208 520-4710 gmabird1@yahoo.com
by June 1, 2025.**

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

Unit Name and Number _____

Address _____

City, State, Zip _____

Signature of Unit President or other officer

Signature of Education Chairman

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