



**AMERICAN LEGION AUXILIARY  
TRADITIONAL NURSES SCHOLARSHIP  
DEPARTMENT OF IDAHO  
2025**

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, 2025.**

Make a copy of completed application for your records.

Department Office 208 342-7066 or email [idalegionaux@gmail.com](mailto:idalegionaux@gmail.com) for assistance to locate unit.

Submit completed application to Department Education Chairman Bird Derrick  
279 West 3<sup>rd</sup> North Rigby ID 83442 208 520-4710 [gmabird1@yahoo.com](mailto:gmabird1@yahoo.com)

**EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN APPLICATION PACKET and submit one application to department by June 1, 2025.**

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](http://www.idahoala.org)