



**AMERICAN LEGION AUXILIARY
TRADITIONAL NURSES SCHOLARSHIP
DEPARTMENT OF IDAHO
2026**

One scholarship, either traditional or non-traditional, in the amount of \$1,000 will be awarded at ALA Department Convention in July.

RULES

Applicants must:

1. Be direct descendants of veterans who served in the United States of 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. I am a resident 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 for ensuring signatures and dates to appear on letters of recommendation.)

1. Completed application form.
2. Well-written letter of application signed and dated.
3. Letters of recommendation – office letterhead preferred – signed and dated from:
 - a. high school counselor
 - b. non-family businessperson 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 certification of honorable discharge (Form DD-214)
6. Current financial statement (FAFSA – Free application for Finance Student Aid)

Name of Applicant: _____

Address: _____

City: _____ State _____ Zip _____

American Legion Auxiliary General Studies Traditional Application – also available online at www.idalegionala.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 dependents children in family: _____

Your family position () eldest () middle () youngest

Print or type full name

Signature

Make a copy of completed application for your records.

Department Office (208) 342-7066 or email ida legionaux@gmail.com for assistance to locate local unit.

****Completed application must be received by local unit NO LATER than May 1, 2026!****

EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN THE APPLICATION PACKET and submit one application to Education Chairman, Becky Martin. **By June 1, 2026!**

730 E Clark Street

Pocatello, ID 83205

(208) 380-9555

emr115@yahoo.com or shobangaming.com

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.

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