AMERICAN LEGION AUXILIARY
DEPARTMENT OF IDAHO

NON-TRADITIONAL NURSES SCHOLARSHIP APPLICATION

2027

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

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 precedent 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 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 for ensuring 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 businessperson 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, 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 Finance Student Aid*)*

Award is paid directly to the school for 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 _____ 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 (may be included in letter of application or attached to application)

Family or other contribution to your education

a. per month _____ b. per year _____

Your savings _____ Any government benefits per month _____

Number of dependent children in family _____

_____ _____

Print or type full name Signature

Date of Application _____

Make a copy of completed application for your records..

** Completed application must be received by **local unit** **NO LATER** than **May 1, 2027** **

EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN THE APPLCATION PACKET
And submit one application by **June 1, 2027** to **Marilyn Ayers, ALA Dept Education Chairman**
PO Box 516, Post Falls, ID 83877-0516
(805) 878-0284 **jamayers82@gmail.com**

Unit Name and Number _____ / _____
*Department Office (208) 342-7066 or email **idalegionaux@gmail.com** for assistance to locate local unit*

Address _____

City _____ State _____ Zip _____

_____ _____

Signature of Unit President or Secretary Signature of Dept Education Chair

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