AMERICAN LEGION AUXILIARY
DEPARTMENT OF IDAHO

GENERAL STUDIES NON-TRADITIONAL 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:

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:
   - Non-family businessperson who knows you well
   - Non-family adult to vouch for your conduct, character, citizenship, leadership

   (applicant is responsible for ensuring signatures and dates on letters of recommendation)
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 Financial 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 _____

I am a member in good standing of:

___ ALA Unit name & number _____

___ American Legion Post name and number _____

___ Sons of the American Legion _____

Member number _____ Date enrolled _____

City _____ State _____

Name of veteran through whom applicant is eligible for membership

_____

Relationship to veteran _____

Attested _____ Unit secretary or other officer

Scholarship 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 sheet if necessary

_____

_____

_____

_____

Character/leadership/citizenship – Attach additional sheet if necessary

_____

_____

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_____

Describe community activities in which you have participated during high school, college, or career

_____

_____

_____

_____

_____

_____

List of 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 and what inspired you to seek a college degree

Type or print name _____

Applicant's Signature _____ Date: _____

APPLICATION PACKET

1. Completed application
2. Copy of college transcript if applicable
3. Work history – resume
4. Letter of recommendation from recent employer – official letterhead preferred
5. Copy of FAFSA (Free application for Financial Student Aid) Form submitted for college assistance

Make a copy of completed application for your records.

** Complete application must be received by local unit **NO LATER than May 1, 2027** **
Department Office (208) 342-7066 or email **idalegionaux@gmail.com** for assistance to locate local unit.

EACH UNIT IS RESPONSIBLE TO VERIFY ALL REQUIRED INFORMATION IN THE APPLICATION PACKET AND SUBMIT ONE COMPLETE APPLICATION PACKET

By June 1, 2027

TO: **Marilyn Ayers, Department Education Chairman**
PO Box 516
Post Falls, ID 83877-0516
(805) 878-0284
Jamayers82@gmail.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.