AMERICAN LEGION AUXILIARY
DEPARTMENT OF IDAHO

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 direct descendant of veterans who served in the United States 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. be 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 – official 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, 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 _____

Phone _____ Email _____

Name of parent/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 or attached to 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

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 APPLICATION PACKET AND SUBMIT ONE APPLICATION **by June 1, 2027** TO: **Marilyn Ayers, Dept Education Chairman**
PO BOX 516, Post Falls, ID 83877-0516
(805) 878-0284 **jamayers82@gmail.com**

ALA 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. Award is paid directly to the school for the first semester upon notification from the school that the student has registered.