AMERICAN LEGION AUXILIARY
DEPARTMENT OF IDAHO

GENERAL STUDIES 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 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:

1. Completed application form
2. Well-written letter of application signed and dated
3. Letters of recommendation – office letterhead preferred – signed and dated from:
   (applicant is responsible for ensuring signatures and dates appear on letters of recommendation)
    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 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

Per month _____ 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.

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

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 Chairman

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.