



**AMERICAN LEGION AUXILIARY  
NON-TRADITIONAL STUDENT SCHOLARSHIP  
2017 APPLICATION**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Date of Birth \_\_\_\_\_

I am a member in good standing of:

\_\_\_\_\_ AMERICAN LEGION AUXILIARY

\_\_\_\_\_ THE AMERICAN LEGION

\_\_\_\_\_ SONS OF THE AMERICAN LEGION

Member # \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Name of veteran through whom applicant is eligible for membership:

\_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

Attested: \_\_\_\_\_

*(PostAdjutant/Unit Secretary)*

**SCHOLASTIC INFORMATION**

Date applicant graduated from high school: \_\_\_\_\_

Attach copy of high school transcript (if graduated in the last 10 years).

Has applicant attended college? Last attended: \_\_\_\_\_

Attach copy of college transcript. \_\_\_\_\_ (mo/yr)

If it has been more than five years since applicant has attended school, submit work history.

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2017 APPLICATION (cont.)**



**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:

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Number of dependents: \_\_\_\_\_

Describe any circumstances that may affect your or your family's ability to provide for your college education. (Attach additional sheets if necessary)

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**CHARACTER/LEADERSHIP**

Attach additional sheets if necessary.

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

List offices held and/or awards received:

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2017 APPLICATION (cont.)**

**INITIATIVE/GOALS**

What major do you plan to pursue when you enter college? \_\_\_\_\_

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Why have you selected this major? \_\_\_\_\_

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What college or university do you plan to attend? Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Why did you select this school? \_\_\_\_\_

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Who or what inspired you to seek a college degree? \_\_\_\_\_

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: Please be sure to attach other required materials to this application and submit to the president of the American Legion Auxiliary unit in the community in which you reside NO LATER THAN MARCH 1, 2017.**

**THIS PORTION TO BE COMPLETED BY THE SPONSORING UNIT**

**(PLEASE TYPE OR PRINT)**

**EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.**

1. Judging, at all levels, shall be on the following basis:
 

Character/Leadership	25%
Initiative/Goals	25%
Financial Need	25%
Scholarship	25%

2. No unit may enter more than one candidate in the department competition.
3. The winning entry for each unit shall be certified by the American Legion Auxiliary unit president and unit secretary or unit Education chairman and forwarded to the department secretary to be received **ON OR BEFORE MARCH 15, 2017.**

4. Participation in this scholarship program shall be on a voluntary basis in all units.

5. Should an entry be received and no unit affiliation is available, then the application should be judged in the department headquarters unit.

Unit Name and Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

\_\_\_\_\_  
*Signature of Unit President*

\_\_\_\_\_  
*Signature of Unit Secretary or  
Unit Education Chairman*





**THIS PORTION TO BE COMPLETED BY THE DEPARTMENT (STATE)**

**(PLEASE TYPE OR PRINT)**

EACH DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Initiative/Goals	25%
Financial Need	25%
Scholarship	25%

2. Each department is restricted to submitting one candidate to the division competition.
3. The winning entry for each unit shall be certified by the American Legion Auxiliary department president and the department secretary or department Education chairman and forwarded to the respective division Education chairman to be received **ON OR BEFORE APRIL 1, 2017.**
4. Participation in this scholarship program shall be on a voluntary basis in all departments.

DEPARTMENT \_\_\_\_\_

DIVISION \_\_\_\_\_

\_\_\_\_\_  
*Signature of Department President*

\_\_\_\_\_  
*Signature of Department Secretary or  
Department Education Chairman*

The division Education chairman and two qualified judges shall make the final decision on the winner. She shall certify the name of the winner and send their complete application packet to the national Education chairman **on or before April 15, 2017.** The national Education chairman shall certify the names of the winners to National Headquarters.

