



**AMERICAN LEGION AUXILIARY**  
 Department of California  
**Application for Funds for Educational Assistance**

**When an application is submitted by a student for more than one scholarship offered by the Department or National, the student is eligible to receive only one. A student may not receive more than one scholarship from Department in any one year**

Name of Applicant \_\_\_\_\_ You live: At Home \_\_\_\_\_ On your own \_\_\_\_\_  
 Address \_\_\_\_\_ How long have you lived in CA? \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Grade in school at time of application \_\_\_\_\_  
 What course or vocation do you wish to pursue? \_\_\_\_\_  
 You will be applying to the following (School must be in California) \_\_\_\_\_ Business/Trade School \_\_\_\_\_ College/University  
 Name of school \_\_\_\_\_  
 Address \_\_\_\_\_  
 Exact date you plan to enter school next semester \_\_\_\_\_

**BASIS OF ELIGIBILITY** You are the child of \_\_\_\_\_  
 who was/is in the Armed Forces of the United States during any of the following periods: April 6, 1917 to November 11, 1918; December 7, 1941 to December 31, 1946; June 25, 1950 to January 31, 1955; February 28, 1961 to May 7, 1975; August 24, 1982 to July 31, 1984; December 20, 1989 to January 31, 1990; August 2, 1990 to the date of cessation of hostilities as determined by the government of the United States.

Which service: Army \_\_\_ Air Force \_\_\_ Navy \_\_\_ Marine Corps \_\_\_ Coast Guard \_\_\_ Serial No. \_\_\_\_\_  
 Date Mustered in \_\_\_\_\_ at \_\_\_\_\_  
 Date Discharged \_\_\_\_\_ at \_\_\_\_\_  
 Did person have service connected disability? \_\_\_ Did person die of this disability \_\_\_\_\_

Date of death of person giving eligibility (if applicable) \_\_\_\_\_

Father/Guardian	Mother/Guardian
Name _____	_____
Address _____	Occupation _____
_____	Business Address _____
_____	_____

Names and ages of siblings living at home, if any \_\_\_\_\_

Approximate NET (after tax) monthly income of family \$ \_\_\_\_\_

Source of income \_\_\_\_\_

Are you receiving aid from: Veterans' Welfare Board? Yes \_\_\_ No \_\_\_

Government Insurance Compensation? Yes \_\_\_ No \_\_\_

S.R.A. (Servicemen's Readjustment Allotment)? Yes \_\_\_ No \_\_\_ State Educational Aid? Yes \_\_\_ No \_\_\_

What is the total aid received \$ \_\_\_\_\_

Does your family own a home Yes \_\_\_ No \_\_\_

Are your parents able to aid you in any way at this time Yes \_\_\_ No \_\_\_

If yes, to what extent? \_\_\_\_\_

If not, why? \_\_\_\_\_

## AMERICAN LEGION AUXILIARY

### Application for Funds for Educational Assistance For Continuing and/or Re-entry Students

<b>APPLICANT'S ANTICIPATED ANNUAL REVENUE:</b>	
Cash on Hand	\$
Net earnings during the semester	\$
Working for board	\$
Working for room	\$
Assistance from parents/guardians	\$
Assistance from university/college	\$
Loan, gift or scholarship (not including American Legion Auxiliary)	\$
Advance from other source	\$
<b>APPLICANT'S ANTICIPATED SCHOOL YEAR EXPENSES:</b>	
Tuition and fees	\$
Board	\$
Room	\$
Books	\$
Organizations	\$
Incidentals (itemize and explain)	\$

Have you applied for any other American Legion Auxiliary (ALA) or ALA national Scholarship? Yes \_\_\_ No \_\_\_

If yes, which one (if more than one, list all) \_\_\_\_\_

**Applicant's applying for scholarships shall submit with this application:**

1. Three (3) letters of reference attesting to character. Letters may be from school officials, employers or personal friends. (Only one (1) letter may be from a personal friend.)
2. Current school transcript of applicant's grades
3. Letter from applicant expressing need.

**Applicant must locate the closest American Legion Auxiliary Unit to mail application and supporting materials  
Applications will not be accepted before September 1 or after March 16.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Sponsored by Unit (Name & Number) \_\_\_\_\_ Date of Receipt of Application \_\_\_\_\_

Signature of Unit Education Chairman \_\_\_\_\_ Date \_\_\_\_\_

Chairman's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Signature of Unit President \_\_\_\_\_ Date \_\_\_\_\_

Signature of District Chairman \_\_\_\_\_ Dist # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chairman \_\_\_\_\_ Date \_\_\_\_\_

In accordance with the Privacy Act of 1974, this information will be held in strict confidence