



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? _____

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APPLICANT'S ANTICIPATED ANNUAL REVENUE:	
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	\$
APPLICANT'S ANTICIPATED SCHOOL YEAR EXPENSES:	
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