



AMERICAN LEGION AUXILIARY

Department of California



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

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