



AMERICAN LEGION AUXILIARY



FORM E21C

Department of California

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

This form intended for
Continuing or re-entry students only

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 _____

Or you are on active duty or veteran 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.

Army Air Force Navy Marine Corps Coast Guard Serial No. _____

Date Mustered In _____ at _____

Date Discharged _____ at _____

Date of death of person giving eligibility (if applicable) _____

Did person have service connected disability? Yes No Did person die of this disability? Yes No

Spouse information, if applicable _____ Names and ages of children living at home, if any: _____

Name _____

Address _____

Occupation _____

Business Address _____

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. A photo (snapshot will suffice) of applicant and a transcript of applicant's grades MUST be included.

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

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