



**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 American Legion Auxiliary, 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 and any time after December 7, 1941 who being a citizen of the United States at the time of their entry therein served on active duty in the Armed Forces of any of the governments associated with the United States during either eligibility periods and died in the line of duty or after honorable discharge.

Which service: Army \_\_\_\_\_ Air Force \_\_\_\_\_ Navy \_\_\_\_\_ Marine Corps \_\_\_\_\_ Coast Guard \_\_\_\_\_ Serial No. \_\_\_\_\_  
Date Mustered in \_\_\_\_\_ at \_\_\_\_\_  
Date Discharged \_\_\_\_\_ at \_\_\_\_\_  
Did this person have a service-connected disability? \_\_\_\_\_ Did this 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? 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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<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 Application Received \_\_\_\_\_  
 Signature of Unit Education Chairman \_\_\_\_\_ Date \_\_\_\_\_  
 Chairman's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address/City/Zip \_\_\_\_\_  
 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.