## **AMERICAN LEGION AUXILIARY**



Department of California Lucille Ganey Memorial Scholarship

This form intended for Students attending Stephens College

FORM E21G

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			
	#Grade in school at time of application			
Father/Guardian	Mother/Guardian			
Applicant must attend or be attending	STEPHENS COLLEGE in Columbus, Missouri			
Exact date you plan to enter school next semester				
What course or vocation do you wish to pursue?				
Name				
	AddressOccupation			
Business Address				
Information about brothers and sisters, if any. (Name, a	ddress, marital status, occupation)			
Approximate NET (after tax) monthly income of family \$				
Source of income				
Are you receiving aid from: Veterans' Welfare Board Government Insurance Compensation	Yes No Yes No			
(Servicemen's Readjustment Allotment	YesNo			
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	s 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)		
J		

## 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 <u>mail</u> application and supporting materials Applications will not be accepted before <u>September 1st</u> or after <u>March 16th</u>

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