

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF WYOMING**

**APPLICATION FOR PAST PRESIDENT'S PARLEY
FIELD OF HEALTH CARE**

Name of applicant _____

Permanent address _____

City _____ State _____ Zip _____

Resident of Wyoming: Yes \ No

College or University Address _____

City _____ State _____ Zip _____

Are you a Descendant of a veteran (not mandatory): Yes \ No

If so, relationship: _____

Are you a Wyoming American Legion Family member Yes \ No

Which organization The American Legion American Legion Auxiliary
Sons of the American Legion

Please attach a copy of your card to this application

Name of College or University you are attending _____

Field of Study: _____

Proposed date of graduation from College or University _____

References:

1. Name: _____

Address: _____

Phone Number: _____

2. Name: _____

Address: _____

Phone Number: _____

3. Name: _____

Address: _____

Phone Number: _____

Signature of Applicant: _____

Date: _____ Phone Number: _____

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Scholarship Criteria:

1. To be awarded to a student or students pursuing studies in the Field of Health Care including, but not limited to nurses, physicians (optometry & pharmacological included), occupational therapist, physical therapist, respiratory therapist, and speech therapist. (Cosmetology not included).
2. Applicant must be attending an accredited college and be a FULL time student.
3. Applicant must have already completed two semesters or one year of study.
4. Applicant must have a cumulative grade point average of at least 3.0 and a transcript of grades must accompany application.
5. Applicant preferably should be a descendant of a Veteran OR a member of the Wyoming American Legion Family, with a minimum of 3 years current membership.
6. Selection will be made based on course of study (must be related to the Field Of Health Care), scholastic ability, financial need, and the desire to practice Health care in Wyoming.
7. A letter of financial need must accompany application.
8. Three letters of reference should accompany application.
9. Applications for the scholarship should be sent to the American Legion Auxiliary Department of Wyoming Secretary-Treasurer. (address below)

- Please Attach:
1. Letter of Financial need.
 2. Transcript of grades
 3. Letters of reference (3).

Submit by **June 1, 2015** to:

Peg Sillivan
Department Secretary-Treasurer
PO Box 186
Buffalo WY 82834