

AMERICAN LEGION AUXILIARY, DEPARTMENT OF KANSAS
EDUCATION SCHOLARSHIP INFORMATION AND APPLICATION

ABOUT THE SCHOLARSHIP

The American Legion Auxiliary, Department of Kansas, shall award up to eight (8) two-year scholarships of \$250.00 per year, for a total scholarship of \$500.00 to each recipient. In order to receive the scholarship for both years, the scholarship recipient **MUST** provide a receipt of certification of enrollment from the school in which he/she attends. Such receipt **MUST** be mailed to: American Legion Auxiliary, Department of Kansas, 1314-B SW Topeka Blvd., Topeka, KS 66612

ELIGIBILITY FOR SCHOLARSHIPS

1. Application may be made by children, grand-children, or unmarried widows of veterans who served in the Armed Forces during the eligibility dates for membership in The American Legion. Those dates are:
 - A. 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; and
 - B. April 6, 1917, to November 11, 1918; and any time after December 7, 1941 who served on active duty in the Armed Forces of the United States during either eligibility periods and died in the line of duty or after honorable discharge.
2. Applicant **MUST** be a full-time student, and a resident of Kansas. Applicant **MUST** attend school in the state of Kansas.
3. Applicants **MUST** provide the following documentation to be considered for this scholarship:
 - A. Completed application form;
 - B. A letter from the applicant stating qualifications and intentions that includes life goals and field of study;
 - C. A certified transcript or photocopy of the applicant's high school grades **OR** a college transcript for the last two (2) semesters;
 - D. A copy of ACT score **OR** SAT score;
 - E. Two (2) sealed letters of recommendation from the following individuals:
 1. **First Letter**: School Counselor **OR** School Principal **OR** School Advisor **OR** Employer attesting to the applicant's scholarship, leadership, and attitudes;
 2. **Second Letter**: Community Leader attesting to applicant's character and Americanism; and
 - F. Signature of the local American Legion Auxiliary Unit President on the application.

AWARDING OF SCHOLARSHIPS

The Education Committee will evaluate each of the scholarship applications and the required attachments based on the following criteria:

Scholarship standing and academic achievement	(40%)
Need	(20%)
Character and Leadership	(20%)
Goals and Application	(20%)

COMPLETED APPLICATIONS MUST BE RECEIVED BY THE EDUCATION COMMITTEE CHAIRPERSON NO LATER THAT APRIL 20. YOU WILL FIND THIS CHAIRPERSON'S CONTACT INFORMATION ON THE AMERICAN LEGION AUXILIARY DEPARTMENT OF KANSAS WEBSITE: www.kslegionaux.org/education.

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KANSAS
SCHOLARSHIP APPLICATION**

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Telephone Number: _____

Relationship to veteran: _____

I am a member in good standing of:

- American Legion Auxiliary, Unit Number: _____
- The American Legion, Post Number: _____
- Sons of the American Legion, Squadron Number: _____

FINANCIAL STATEMENT

Name of father, stepfather, or guardian: _____

Occupation of father, stepfather, or guardian: _____

Annual Gross Income of father, stepfather, or guardian: \$ _____

Name of mother, stepmother, or guardian: _____

Occupation of mother, stepmother, or guardian: _____

Annual Gross Income of mother, stepmother, or guardian: \$ _____

Number of dependent children under 18 years: _____ Over 18 years: _____

Government compensation or pension received by parents and/or children: \$ _____

Are you eligible for or drawing Social Security payments: Yes _____ No _____

If so, monthly amount: \$ _____ Time limit of benefits: _____

Are you eligible for or drawing benefits under the Junior G.I. Bill? Yes _____ No _____

EDUCATION INFORMATION

Name of college, university, or VO-tech training you hope to attend: _____

List the course you plan to pursue: _____

(Print full name)

(Signature of applicant)

(Date)

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THE FOLLOWING MUST BE COMPLETED AND SIGNED BY THE SPONSORING UNIT:

Unit's Name: _____ Unit Number: _____

Unit's Address: _____
(Street) (City) (State) (Zip)

(Signature of Unit President)

(Date)

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