

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC.
1580 Columbia Turnpike, Bldg. #1, Suite #3, Castleton-on-Hudson, NY 12033
(518)463-1162 / 800-421-6348 / Fax (518) 449-5406**

DEPARTMENT SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify the American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces during WWI, WWII, the Korean Conflict, Vietnam War, Grenada/Lebanon, Panama, the Persian Gulf and War on Terrorism.
2. Applicant must be United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit **ONE** application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:
 - a) Need-20% Actual need of financial assistance to continue higher education.
 - b) Character-30% High standards of conduct, keen sense of right, adherence to truth and conscience, strength of character, devotion to church and daily duties.
 - c) Americanism - 20% Fine ideals, love of Country, ability to accept citizen's responsibilities.
 - d) Leadership-10% Ability to lead and to accomplish through action, personal magnetism, guidance and thought of others.
 - e) Scholarship-20% Scholastic attainment with rating in class, evidence of industry and application in studies.
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. Original article written by applicant consisting of no more than 500 words, on a subject of his/her choice.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than **MARCH 1ST**.

AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK
1580 Columbia Turnpike, Bldg. #1, Suite #3, Castleton-on-Hudson, NY 12033
(518) 463-1162 / 800 421-6348 / Fax (518) 449-5406

DEPARTMENT SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1st.

Name of Applicant	Telephone
-------------------	-----------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Name of Parent	Address (if different from above)
----------------	-----------------------------------

Name of Veteran providing eligibility	Relationship to Applicant
---------------------------------------	---------------------------

Branch of service of veteran	Dates of Service
------------------------------	------------------

Name of Applicants High School	Date of Graduation
--------------------------------	--------------------

Name of College Applicant plans to attend	Course of Study
-------------------------------------------	-----------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

\$

Total Family Income over 18	Number of Dependents under 18	Number of Dependents
--------------------------------	-------------------------------	----------------------

Signature of Applicant	Date
------------------------	------

Signature of Unit President Chairman	Signature of Unit Education
-----------------------------------------	-----------------------------

Unit Name and Number	County	District
----------------------	--------	----------

Signature of County Chairman	Name of County Chairman	County
------------------------------	-------------------------	--------

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES