

**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**

HELEN KLIMEK STUDENT 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.

Selection will be made on the following basis:

- | | |
|--------------------------|-----|
| a. Character | 15% |
| b. Leadership | 15% |
| c. Americanism | 15% |
| d. Community Involvement | 15% |
| e. Financial | 20% |
| f. Scholarship | 20% |
6. 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. An article written by applicant consisting of not more than 700 words (typed) on the significance of value of volunteerism as a resource toward the positive development of the applicant's personal and professional future.
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.

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

| | |
|-------------------|-----------|
| 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 Applicant's High School | Date of Graduation |
|---------------------------------|--------------------|

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

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

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

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

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

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

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

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES