

**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**

**MARYANN K. MURTHA MEMORIAL 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 5<sup>th</sup>, 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. Character 15%
  - b. Leadership 15%
  - c. Americanism 15%
  - d. Community Involvement 15%
  - e. Financial 20%
  - f. Scholarship 20%
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. An article written by applicant consisting of not more than 700 words (typed) stating what plans and goals she/he has for the future and how she/he hopes to use talent and education to help others.
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 1<sup>ST</sup>.

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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
\$			
Total Family Income	Number of Dependents under 18	Number of Dependents over 18	
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**