

## WISCONSIN AMERICAN LEGION AUXILIARY 2009 SCHOLARSHIP APPLICATION

APPLICATION MUST BE POSTMARKED BY MARCH 15, 2010

**SCHOLARSHIPS AVAILABLE:**  *scholarship(s) applying for (may apply for more than one)*

- Department President's** – three (3) \$1000  
*(either applicant or mother of applicant must be an Auxiliary member)*
- Della Van Deuren** – two (2) \$1000  
*(either applicant or mother of applicant must be an Auxiliary member)*
- H.S. & Angeline Lewis** – five (5) \$1000
- H.S. & Angeline Lewis** - one (1) \$1000 - applicant must be a college graduate
- Merit & Memorial** – seven (7) - \$1000
- Child Welfare** - one (1) \$1000 - applicant must be a college graduate - in field of special education (if there is no applicant in a Special Education Program, the scholarship will be awarded to an applicant in an education field)
- Past Presidents Parley** – three (3) \$1200 registered nurse scholarships  
*(Applicant must be in nursing school or have positive acceptance to an accredited school of nursing.)*
- Past Presidents Parley** – two (2) \$1200 health career scholarship  
*(Course of study need not be a 4-year program; Hospital, University or technical school program is acceptable.)*

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**Scholarship Eligibility:**

1. Applicant must be a daughter, son, stepdaughter, stepson, wife or widow of a veteran.  
*(Granddaughters, grandsons, great-granddaughters, great-grandsons, step granddaughters, step grandsons, step great-granddaughters, and step great-grandsons of a Wisconsin American Legion Auxiliary member may also apply.)*
    - a) If the applicant is a member of a Wisconsin American Legion Auxiliary Unit, a Wisconsin American Legion Post or a Wisconsin Sons of The American Legion Squadron, they do not need to reside in Wisconsin.
  2. Applicant must be in need of financial help to continue their education.
  3. Applicant must have at least a 3.5 GPA on a 4.0 grade base.
  4. Applicant must be a resident of Wisconsin, except as noted in 2 (a).
- **Applicant may apply for more than one scholarship.**
    - You must submit applicable essay each scholarship applying for.
  - **Applicant can receive only one scholarship award from the American Legion Auxiliary – Department of Wisconsin, awarded on a onetime only basis and are non-renewable.**
  - **School selected to attend must be an accredited school, but need not be located in Wisconsin.**
  - **Judges reserve the right to determine the type of scholarship awarded.**
  - **Judges decision is final.**

**JUDGES USE ONLY**

GPA \_\_\_\_\_ class rank \_\_\_\_\_ SAT/ACT score \_\_\_\_\_ honors/awards \_\_\_\_\_ school/community activities \_\_\_\_\_

essay score \_\_\_\_\_ need \_\_\_\_\_ member \_\_\_\_\_ TOTAL \_\_\_\_\_

**TYPE OR PRINT**

**General information**

1. Name of applicant \_\_\_\_\_ Birthdate \_\_\_\_\_
2. Complete Mailing address: \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_
4. Social Security No. \_\_\_\_\_
5. Applicants estimated education cost per year \$ \_\_\_\_\_
6. Name of school you plan to or are attending \_\_\_\_\_  
Have you been accepted? \_\_\_\_\_ Course of study \_\_\_\_\_

**Financial information (circle one)**

Single - Living with parent as dependent: please **continue** through #14, then **SKIP** to #21

Single - Head of household - living independent: please **SKIP** to # 15 and continue

Married - Please **SKIP** to # 15 and continue

**Dependent**

7. Father/Stepfather name: \_\_\_\_\_ occupation \_\_\_\_\_  
Address if different than applicant: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
8. Mother/Stepmother name: \_\_\_\_\_ occupation \_\_\_\_\_  
Address if different than applicant: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
9. Other (guardian, grandparent etc.) name: \_\_\_\_\_ occupation \_\_\_\_\_  
Address if different than applicant: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
10. Other income available for education expenses: Source \_\_\_\_\_ \$ \_\_\_\_\_
11. Applicants expected contribution to education \$ \_\_\_\_\_
12. Total of dependent children \_\_\_\_\_ (include yourself)
13. Number of dependent children attending college \_\_\_\_\_
14. Other information to help determine financial need.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Independent**

15. Spouse name: \_\_\_\_\_ occupation \_\_\_\_\_  
Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
16. Applicants employer: \_\_\_\_\_ occupation: \_\_\_\_\_  
Employers address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employers Phone number: \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
17. Other income available for your education expenses: Source \_\_\_\_\_ \$ \_\_\_\_\_
18. Number of dependents children in your household \_\_\_\_\_
19. Other income available for dependent children support: Source \_\_\_\_\_ \$ \_\_\_\_\_

20. Other information to help determine financial need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education information:**

21. High School attended \_\_\_\_\_ Date of graduation \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

22. Cumulative GPA \_\_\_\_\_ (to-date) Point base for grading system \_\_\_\_\_

23. Number in graduating class \_\_\_\_\_ Your rank in class \_\_\_\_\_

Education since High School (continue if applicable)

School	Location	Dates (from-to)	# Earned Credits	GPA	Course of Study

24. College Cumulative GPA \_\_\_\_\_ Point base for grading system \_\_\_\_\_

25. Post High School Degrees: What Degrees \_\_\_\_\_ When earned \_\_\_\_\_

Where earned \_\_\_\_\_

26. Current Course of study \_\_\_\_\_

**Eligibility information:**

27. I am eligible to apply through the military service of - name \_\_\_\_\_, relationship \_\_\_\_\_ who served in dates (year)s \_\_\_\_\_, in (Branch of Service) \_\_\_\_\_

**PROOF OF VETERAN'S SERVICE MUST ACCOMPANY APPLICATION:** i.e. photocopy of Discharge papers - DD214 or other document used to establish honorable active duty service.

*(Contact Veterans Service Office in your county for proof of veteran's service record)*

28. Applicant's mother/grandmother is a member of the Wisconsin - American Legion Auxiliary:

Unit # \_\_\_\_\_ Dist. # \_\_\_\_\_ Unit name \_\_\_\_\_ Unit City \_\_\_\_\_

29. Applicant is a member of the Wisconsin - American Legion Auxiliary:

Unit # \_\_\_\_\_ Dist # \_\_\_\_\_ Unit name \_\_\_\_\_ Unit City \_\_\_\_\_

30. Applicant is a member of the Wisconsin - American Legion:

Post # \_\_\_\_\_ Dist # \_\_\_\_\_ Post Name \_\_\_\_\_ Post City \_\_\_\_\_

31. Applicant is a member of the Wisconsin - Sons of American Legion

Squadron # \_\_\_\_\_ Dist # \_\_\_\_\_ Squadron name \_\_\_\_\_ Squadron City \_\_\_\_\_

**Authorization by applicant**

32. I declare the information given in this application to be correct.

If I am awarded a scholarship I authorize the American Legion Auxiliary – Department of Wisconsin to publish my name.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Certification of sponsorship by American Legion Auxiliary – local Unit.**

33. American Legion Auxiliary Unit (Name) \_\_\_\_\_ Unit # \_\_\_\_\_ District # \_\_\_\_\_

Unit City \_\_\_\_\_ Contact name (print) \_\_\_\_\_ Phone # \_\_\_\_\_

Unit President/Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTE TO APPLICANT:** Certification by an American Legion Auxiliary Unit is your responsibility. If you need help in obtaining the name of the local president/secretary, please contact American Legion Auxiliary Wisconsin Headquarters Offices at (608) 745-0124. [alawi@amlegionauxwi.org](mailto:alawi@amlegionauxwi.org)

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**ADDITIONAL INFORMATION TO BE INCLUDED:**

1. On a separate sheet, please list (a) student activities (b) community involvements, (c) offices held, and (d) awards received, etc.
2. **Write Essay; typed and double-spaced, not to exceed 300 words.**  
**ESSAY TITLES:**
  - a. for Health Careers – “The Importance of Health Careers Today.”
  - b. for Registered Nurse – “The Need For Trained Nurses Today.”
  - c. for all other Department Scholarships – “Education – An Investment In The Future”
3. **Include three (3) letters of Recommendation from the following categories:**
  - a. School administrators, guidance counselors, faculty members (no more than two)
  - b. Pastor, businessmen from community (no more than two)
  - c. Representative citizen (one only)
    - i. Recommendations from relatives not accepted
4. **High School Transcripts showing**
  - a. Rank in class
  - b. Cumulative GPA at end of 7<sup>th</sup> semester;
  - c. Subjects and grades for 7<sup>th</sup> semester;
    - ii. Point Base for grade point system used (if other than 4.0 base)
  - d. At least one - scores from A.C.T., S.A.T., or P.S.A.T.
5. **College Transcripts (if applicable) showing; subjects, grades and cumulative GPA through most current semester completed.**
  - a. Point Base for grade point system used (if other than 4.0 base)

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**APPLICATION - CHECK LIST**

- ✓ Complete application.
  - a. Did you check  all scholarships you wish to be considered for?
  - b. Is your address complete with city and zip code?
  - b. Is your telephone number with area code included?
  - c. Do you have all required signature on the application?
    - iii. Your signature?
    - iv. The Local American Legion Auxiliary Unit's President or Secretary?
  
- ✓ Have you included:
  - a. Your list of school activities, community activities, offices held and awards received?
  - b. Essay; typed, double spaced, less than 300 words?
  - c. Letters of recommendations; three (3)?
  - d. Copy of honorable discharge papers, DD214 or other acceptable documents?
  - e. Grade transcripts?
  
- ✓ Review application again.
  
- ✓ Are you mailing ALL required materials in **ONE** envelope?
  - a. All materials for the application must be received in one envelope.
  
- ✓ Is your name on every page of your application and attachments?
  
- ✓ Are you mailing ALL required materials before March 15, 2010?
  
- ✓ If you have any questions, please contact the Education Chairman – Elizabeth Staff  
Ph: 608-781-6888  
Email – raykline@centurytel.net

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**Forward completed application to: American Legion Auxiliary - Education Chairman  
Elizabeth Staff  
920 8<sup>th</sup> Avenue N  
Onalaska, WI 54650**

**Application must be postmarked by March 15, 2010**