

**WISCONSIN AMERICAN LEGION AUXILIARY
2011-2012 SCHOLARSHIP APPLICATION**

APPLICATION MUST BE POSTMARKED BY MARCH 15, 2012

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 – two (2) \$1000 registered nurse scholarships
(Applicant must be in nursing school or have positive acceptance to an accredited school of nursing.)

Past Presidents Parley – two (2) \$1000 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. _____ Email: _____
- 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. Applicant's expected contribution to education \$ _____
- 12. Total of dependent children in household _____ (include yourself)
- 13. Total number of dependent children in household attending college _____
- 14. Other information to help determine financial need.

Independent

- 15. Spouse name: _____ occupation _____
Annual income \$ _____ Expected contribution to education \$ _____
- 16. Applicant's employer: _____ occupation: _____
Employer's address: _____ City _____ State _____ Zip _____
Employer's 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 dependent 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

- 1. 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.

- 2. American Legion Auxiliary Unit (Name) _____ Unit # _____ District # _____

Unit City _____ Contact name (print) _____ Phone # _____

Unit President/Secretary Signature _____ Date _____

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.*

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 7th semester;
 - c. Subjects and grades for 7th semester;
 - i. 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)

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?
 - c. Is your telephone number with area code included?
 - d. Do you have all required signatures on the application?
 - i. Your signature?
 - ii. 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, 2012?

- ✓ If you have any questions, please contact the Education Chairman – Betty Stone
 Ph: 608-738-9542
 Email: bjstone626@hotmail.com

**Forward completed application to: American Legion Auxiliary - Education Chairman
Betty Stone
2170 W 9th Avenue #1
Oshkosh, WI 54904**

Application must be postmarked by March 15, 2012