

Applicant's Name: _____

**WISCONSIN AMERICAN LEGION AUXILIARY
2018 SCHOLARSHIP APPLICATION**

APPLICATION MUST BE POSTMARKED BY MARCH 15, 2018

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) \$1000
- No more than 2 for nursing – *Applicant must be in nursing school or have positive acceptance to an accredited school of nursing.*
- No more than 2 for health career – *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. Students may apply for scholarships regardless of the period of time that the veteran served without regard to specific eligibility dates of The American Legion.
 - a. Applicant must be a child, grandchild, great-grandchild, step-child, step grandchild, step great-grandchild, wife or widow of a veteran.
 - b. An applicant who is a member of the Wisconsin American Legion Family, does not need to reside in Wisconsin.
2. Applicants must:
 - a. Be in need of financial help to continue their education.
 - b. Have at least a 3.5 GPA on a 4.0 grade base.
 - c. Be a resident of Wisconsin, except as noted in 1 (b).
3. School selected need not be in Wisconsin, but must be an accredited school.
4. Judges reserve the right to determine the type of scholarship awarded. Judge's decision is final.
5. Applicant may receive only one Department scholarship.
6. Scholarships are awarded on a one time only basis (lifetime) and are non-renewable.

<u>JUDGES USE ONLY</u>				
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. Email: _____
5. Applicants estimated education cost per year \$ _____
6. Name of school you plan to or are attending _____
7. Have you been accepted? _____ Course of study _____

Financial information (*select one*)Single - Living with parent as dependent: please **continue** through #14, then **SKIP** to #21Single - Head of household - living independent: please **SKIP** to # 15 and continueMarried - Please **SKIP** to # 15 and continue**Dependent**

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

Independent

16. Spouse name: _____ Occupation _____
Annual income \$ _____ Expected contribution to education \$ _____
17. 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 \$ _____
18. Other income available for your education expenses: Source _____ \$ _____
19. Number of dependent children in your household _____

Applicant's Name: _____

20. Other income available for dependent children support: Source _____ \$ _____

21. Other information to help determine financial need.

Education information:

22. High School attended _____ Date of graduation _____

Address: _____ City _____ State _____ Zip _____

Phone # _____

23. Cumulative GPA _____ (to-date) Point base for grading system _____

24. 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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

25. College Cumulative GPA _____ Point base for grading system _____

26. Post High School Degrees: What Degrees _____ When earned _____

27. Where earned _____

28. Current Course of study _____

Eligibility information:

29. 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)

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

Unit # _____ Dist. # _____ Unit Name _____ Unit City _____

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

Unit # _____ Dist # _____ Unit Name _____ Unit City _____

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

Post # _____ Dist # _____ Post Name _____ Post City _____

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

Squadron # _____ Dist # _____ Squadron Name _____ Squadron City _____

Applicant's Name: _____

Authorization by applicant

34. 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.

35. ALA Unit City _____ Unit # _____ District # _____

Unit President/Secretary Signature _____ Title _____

Address _____

City, State & Zip _____

Phone # _____ 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. Monday –Friday: 8:00 am – 4:30 pm.*

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. **Essay must be 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 at least three (3) letters of recommendation from at least two of 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 are not accepted
- 4. **Transcript (high school applicants only) including:**
 - a. Cumulative GPA at end of 7th semester
 - b. The point base for grade point system used
 - c. Subjects and grades for 7th semester
 - d. Provide at least one of the following: college bound percentile, scores from ACT, SAT or PSAT
- 5. **Transcripts (college applicants only) including:**
 - a. All subjects, grades and cumulative GPA through current semester (or most current semester completed)
 - b. Graduate students include undergraduate transcript(s)
 - c. Point Base for grade point system used (if other than 4.0 base)
- 6. **Copy of Veteran’s DD-214 (discharge papers)**

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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?
 - 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. Grade transcripts?
 - e. Copy of honorable discharge papers, DD214 or other acceptable documents?
- ✓ Review application again.
- ✓ Mail ALL required materials for the application in **ONE** envelope?
- ✓ Is your name on every page of your application and attachments?
- ✓ Are you mailing ALL required materials before March 15, 2018?
- ✓ If you have any questions, please contact the Education Chairman -

Bethany Fredericks
 608-469-2875
 fredericks.bethany@gmail.com

**Unit - Forward completed application to: American Legion Auxiliary - Education Chairman
 Bethany Fredericks
 1342 N 4th Street #7
 Watertown, WI 53098**

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