

Applicant's Name: \_\_\_\_\_

**WISCONSIN AMERICAN LEGION AUXILIARY  
2022 SCHOLARSHIP APPLICATION**

*Application must be signed by a local  
American Legion Auxiliary Unit (see page 4) and  
mailed to the Department Education Chairman by March 15, 2022.*

**SCHOLARSHIPS AVAILABLE:**  *check scholarships applying for (may apply for more than one).*

- Department President's Scholarship** – three (3) \$1000 awards  
*Applicant or mother of applicant must be an American Legion Auxiliary member.*
- Van Deuren Memorial Scholarship** – one (1) \$1000 award  
*Applicant or mother of applicant must be an American Legion Auxiliary member.*
- Merit & Memorial Scholarship** – eight (8) \$1000 awards
- H.S. & Angeline Lewis** – five (5) \$1000 awards
- H.S. & Angeline Lewis – Graduate Student** - one (1) \$1000 award \*
- Child Welfare Special Education Scholarship - Graduate Student** - one (1) \$1000 award \*  
*Applicant must be a college graduate in the field of special education. If there is no qualified applicant, the scholarship may be awarded to an applicant in the education field.*
- Past Presidents Parley** – Maximum of three (3) \$1000 awards
- No more than two awards for nursing – *Applicant must be in nursing school or have positive acceptance to an accredited school of nursing.*
- No more than two awards for health career – *Course of study need not be a 4-year program; hospital, university or technical school program is acceptable.*

**NOTE: Scholarships are awarded on a one-time only basis (lifetime) and are non-renewable.**

\* *Applicants who previously received a scholarship from The American Legion Auxiliary Department of Wisconsin are not eligible for another Department scholarship, including scholarships for graduate students.*

**Scholarship Eligibility:**

1. Students may apply for scholarships regardless of when the veteran served.
  - a. Applicant must be a child, grandchild, great-grandchild, stepchild, step grandchild, step great-grandchild, wife or widow of an honorably discharged American 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. Need financial assistance 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. Judges decisions are final.

**JUDGES USE ONLY**

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

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

Applicant's Name: \_\_\_\_\_ **TYPE OR PRINT LEGIBLY**

**General Information**

- 1. Mailing address: \_\_\_\_\_
- 2. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Email: \_\_\_\_\_
- 4. Date of Birth: \_\_\_\_\_
- 5. Applicant's estimated education cost per year \$ \_\_\_\_\_
- 6. Name of school you plan to or are attending: \_\_\_\_\_
- 7. Have you been accepted?  Yes  No Course of study: \_\_\_\_\_

**Financial Information** (select one)

- Single, living with parent as a dependent: complete questions #8 through #15
- Married or single head of household living independently: complete questions #16 through #21

**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. Total number of dependent children in household (include yourself) \_\_\_\_\_
- 13. Total number of dependent children in household attending college \_\_\_\_\_
- 14. Other income available for dependent children support: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Other information to help determine financial need: \_\_\_\_\_

**Independent**

- 16. Spouse name: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 17. Applicant's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Expected contribution to education \$ \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_
- 18. Other income available for your education expenses: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Total number of dependent children in your household: \_\_\_\_\_
- 20. Other income available for dependent children support: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 21. Other information to help determine financial need: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**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** (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 (years) \_\_\_\_\_,  
 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. Do not send original document. (Contact Veterans Service Office in your county if you need proof of veteran's service record)

- 30. Applicant's  Mother or  Grandmother is a member of the Wisconsin American Legion Auxiliary:  
 Member's Name: \_\_\_\_\_ Unit # \_\_\_\_\_ Dist. # \_\_\_\_\_ Unit City \_\_\_\_\_
- 31. Applicant is a member of the Wisconsin American Legion Family (check if applicable):  
 The American Legion Auxiliary (Unit # \_\_\_\_\_ Dist # \_\_\_\_\_ Unit City \_\_\_\_\_)  
 The American Legion (Post # \_\_\_\_\_ Dist # \_\_\_\_\_ Post City \_\_\_\_\_)  
 Sons of the American Legion (Squadron # \_\_\_\_\_ Dist # \_\_\_\_\_ Squadron City \_\_\_\_\_)

**Authorization by Applicant and Parent/Guardian**

- 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 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(if applicant is under 18 years old)*

Applicant's Name: \_\_\_\_\_

**Certification of Sponsorship by The American Legion Auxiliary (local unit).**

**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 or Secretary, please contact American Legion Auxiliary Wisconsin Headquarters Office at (608) 745-0124, Monday –Friday: 8:00 am – 4:30 pm.*

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**NOTE TO UNITS:** *Units may sponsor more than one Department scholarship applicant.*

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Unit #: \_\_\_\_\_ District #: \_\_\_\_\_ City \_\_\_\_\_

Unit Contact  Unit President  Unit Secretary

Contact's Name (print): \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE INCLUDED:**

1. **On a separate sheet, please list**
  - a. Student Activities
  - b. Community Involvements
  - c. Offices Held
  - 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 Impact of 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)

NOTE: Letters of recommendation from relatives are not acceptable

4. **Transcript (high school applicants only) including:**
  - a. Cumulative GPA at end of 7<sup>th</sup> semester
  - b. The point base for grade point system used
  - c. Subjects and grades for 7<sup>th</sup> 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 verifying honorable discharge)

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Applicant's Name: \_\_\_\_\_

**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. Parent/Guardian's signature (if applicable)?
    - iii. 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. Three letters of recommendation?
  - d. Grade transcripts?
  - e. Copy of honorable discharge papers, DD214 or other acceptable military 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<sup>th</sup>?
  
- ✓ If you have any questions, please contact the Education Chairman - Chrys Porter  
momchrys@gmail.com

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**Unit - forward completed application to: American Legion Auxiliary - Education Chairman  
Chrys Porter  
5110 Mischler Road  
Eau Claire WI 54701**

**APPLICATION MUST BE POSTMARKED BY MARCH 15, 2022**