

Applicant's Name: _____

**WISCONSIN AMERICAN LEGION AUXILIARY
2024 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, 2024.*

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

- Department President's Scholarship** – three (3) \$1000 awards **Member ID #** _____
Applicant or mother of applicant must be an American Legion Auxiliary member.
- Van Deuren Memorial Scholarship** – one (1) \$1000 award **Member ID#** _____
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.*

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

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 – “How will attending college help you achieve your career goals?”

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 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 verifying honorable discharge)

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 15th?
- ✓ If you have any questions, please contact the Education Chairman - Diane Weggen
dsweggen@gmail.com

**Unit - forward completed application to: American Legion Auxiliary - Education Chairman
Diane Weggen
16266 361st Street
Stanley WI 54768-6415**

APPLICATION MUST BE POSTMARKED BY MARCH 15, 2024