



AMERICAN LEGION AUXILIARY– DEPARTMENT OF WISCONSIN
M. Louise Wilson Educational Loan Fund Application

PLEASE PRINT LEGIBLY!

1. Name _____
First, M.I, Last _____ Date of Birth _____

2. Mailing address _____
City/State/Zip _____

Phone # w/area code _____ Social Security # _____

Email address _____

3. Co-Signer _____
First, M.I., Last _____

4. Address of Co-Signer _____
City/State/Zip _____

Phone # w/area code _____

5. I am the _____ of _____
Relationship Name

Who entered the _____ on _____
Branch of Service Date

And was honorably discharged from the _____ on _____
Date

6. I am a member of Auxiliary Unit # _____ located in _____
City

My member ID # is _____

7. I graduated from _____
High School Town/City

8. My Senior year scholastic rating _____
Grade Rank in Class

9. My choice of school _____ Course of study _____

10. School entrance date _____ School completion date _____

11. I will seek employment while attending school Yes No

12. I believe the above information to be true; and hereby make application for a loan of \$ _____
from the *M Louise Wilson Educational Loan Fund*. I will use the money for education for myself. I
understand if I drop out before graduation, this loan shall mature and become payable in regular monthly
installments of not less than fifty dollars (\$50.00) each. I agree to begin loan repayment no later than six
(6) months after I cease being a full-time academic student.

Dated _____ Applicant's signature _____



SUGGESTED REFERENCES – Pastor, Superintendent of School, Teacher, Counselor, and Business Proprietors. Relative are not accepted as references.

REFERENCES

NAME

OCCUPATION

1. _____

MAILING ADDRESS: _____

2. _____

MAILING ADDRESS: _____

3. _____

MAILING ADDRESS: _____

NOTE: PLEASE ATTACH LETTERS OF REFERENCE

No interest will be charged on the money loaned unless loan is in default.