

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF PENNSYLVANIA**

Application for American Legion Auxiliary College Scholarship

Name of Applicant _____
(last name) (first name) (middle name)

Home Address _____
(street & number) (city or town) (zip code)

Place of Birth _____ Date of birth _____

SCHOLARSHIP A

Name of Parent or guardian _____

Address of parent or guardian _____

Military Unit in which parent/grandparent served During World War I, World War II,
Korean War, Vietnam Conflict, Grenada/Lebanon, panama, or Persian Gulf War

Deceased _____ Totally Disability (please list the disability) _____

If deceased date & place of death, if known _____

SCHOLARSHIP B

Name of Parent or guardian _____

Place of employment _____ Occupation _____

Father's income _____ Mother's income _____ Number in family _____

Military Unit in which parent/grandparent served During World War I, World War II,
Korean War, Vietnam Conflict, Grenada/Lebanon, panama, or Persian Gulf War

Name of High School you have attended _____

Do you hold a high school diploma? _____ Year _____ Class rank _____

Number in class _____

State name of accredited Pennsylvania College where you have been accepted _____

Sworn and subscribed to before me

This _____ day of _____ 20____

(Notary Public)

(Signature of Applicant)

APPLICANTS for Department Scholarship MUST SUBMIT with their application the following:

- A. Name and Address
- B. Photograph
- C. Branch of Service, parent or grandparent served in during World War I, World War II, Korean War, Vietnam Conflict, Grenada/Lebanon, Panama, or Persian Gulf War
- D. Four letters of recommendation:
 - 1 One from the Principal of the high school from which applicant graduates
 - 2 One from the Clergyman of the church the applicant attends
 - 3 Two from representative citizens certifying to applicant's character, Americanism, Leadership, Scholarship, and basis of need.
- E. Original article (essay) of not less than 400 words on a topic of his or her own selection, written by the applicant
- F. Any additional data attesting to the applicant's qualifications as report grades, report of extra curricular activities and participation in civic activities, health certificate and name of State Educational Institution desirous of entering.
- G. Family record: Father, if living and employed, income.
Mother, if living and employed, income.
Number of brothers and sisters under the age of 18.

The candidate shall be selected on the following basis:
Character, Americanism, Leadership, Scholarship, and basis of need.

All applications must be sent to the Department Chairman not later than **March 15th.**

Please send to: **Educational Chairman**