CONTINUING EDUCATION GRANT

2019 INSTRUCTIONS FOR THE 2019-2020 SCHOOL YEAR

Requests for applications will be honored through November 25, 2019.
Applications for the 2019-2020 school year must be submitted by
December 1, 2019 to the Department Education Chairman.
All available grants for the 2019-2020 school year will be awarded by January 1, 2020.

The American Legion Auxiliary, Department of Ohio, has established the Ohio American Legion Auxiliary Continuing Education Fund to help meet the needs of upperclassmen. Frequently, students in colleges, universities, or other institutions wishing to further their education are in urgent need of additional financial aid to complete a quarter, semester, or year.

$3,750.00 has been allocated to this fund for a total of fifteen (15), $250.00 grants for the 2019-2020 school year. These grants will be distributed to qualified applicants as applications are received until the funds are depleted for the current year. Order additional applications from: American Legion Auxiliary, Scholarship Coordinator, PO Box 2760, Zanesville, Ohio 43702-2760, or by downloading from the alaoio.org website under Scholarships.

1. The applicant must be active duty or an honorably discharged veteran or a spouse, daughter or son (adopted, step, grand, or great-grand) of a living, deceased, or disabled honorably discharged veteran who served during these active war dates:
   ♦ Due to the July 30, 2019, signing of the Let Everyone Get Involved with Opportunities for National Service – The LEGION ACT – eligibility for membership in The American Legion has been changed from the former seven war eras to two:
      1. April 6, 1917 – Nov. 11, 1918

2. Attach to this application a photocopy of the veteran’s Certificate of Release or Discharge from Active Duty (i.e.: Form DD-214) or other government document showing time served on active military duty during the eligibility period(s) indicated above.

3. The applicant must be a resident of Ohio.
4. The applicant must be sponsored by an Ohio American Legion Auxiliary Unit.
5. The applicant must show proof of program enrollment (a current transcript, a receipt from tuition payment, or a copy of currently enrolled classes).
6. The applicant must sign and date the application.
7. A Unit Officer must sign this application.
8. Forward the application by the December 1, 2019 deadline with all supporting documents to the Department Education Chairman:

   Barbara Benz
   6102 Charles Ave
   Parma, Ohio 44129
   babbenz6102@gmail.com
   (Over for Application)
CONTINUING EDUCATION GRANT
2019 APPLICATION FOR THE 2019-2020 SCHOOL YEAR

Name of Applicant

Address

City, Ohio Zip Code Phone Number

Birth Date

Name of Veteran

Veteran Affiliation: Wife [_____] Husband [_____]
Daughter [_____] Son [_____]
Adopted Daughter [_____] Adopted Son [_____]
Self [_____] Step-Daughter [_____] Step-Son [_____]
Granddaughter [_____] Grandson [_____]
Great Granddaughter [_____] Great Grandson [_____]

Give a brief statement and date of Military Service of veteran __________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

College Name and Address

Full-time student _____ Part-time student _____ What year in school? _________________________________

Major(s) / Minor(s) of Study

College Expenses (Please list and explain) __________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Have you previously received a Continuing Education Grant from the American Legion Auxiliary? yes no

_________________________________________ / _____/ _____ (_____) ______ Phone Number

Signature of Applicant

_________________________________________ / _____/ _____ (_____) ______

SIGNATURE OF AMERICAN LEGION AUXILIARY UNIT OFFICER DISTRICT/UNIT NUMBER UNIT REPRESENTATIVE'S PHONE #

Submit to: Barbara Benz, 6102 Charles Ave, Parma, Ohio 44129