CONTINUING EDUCATION GRANT

INSTRUCTIONS FOR THE 2020-2021 SCHOOL YEAR

Applications for the 2020-2021 school year must be submitted by December 1, 2020 to the Department Education Chairman.

All available grants for the 2020-2021 school year will be awarded by January 1, 2021.

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. Grant amount to be made payable to student and school attending.

Grants for $250.00 each will be given until all allocated funds are disbursed for the 2020-2021 school year. These grants will be distributed to qualified applicants based on the completed application. Order additional applications from: American Legion Auxiliary, Scholarship Coordinator, PO Box 2760, Zanesville, Ohio 43702-2760, or by downloading from the alaohio.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. Grant amount to be made payable to student and school they are attending.

9. Forward the application by the December 1, 2020 deadline with all supporting documents to the Department Education Chairman:

   Barbara Benz
   6102 Charles Ave
   Parma, Ohio 44129
   babzbenz6102@gmail.com
   (Over for Application)
Ohio Unit Plan of Action

CONTINUING EDUCATION GRANT
2020 APPLICATION FOR THE 2020-2021 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 [____]

Brief statement and date of Military Service __________________________________________________________

_______________________________________________________________________________

Financial Information

Family Income $_________________ $_________________
Social Security Income $_________________ $_________________
VA Benefits $_________________ $_________________
Other $_________________ $_________________

Number in Household _______ Number currently attending College _______

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) __________________________________________________________

_______________________________________________________________________________________

Brief statement of individual need ____________________________________________________________

_______________________________________________________________________________________

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

Signature of Applicant ____________________________ Date __________ Phone Number (______) ______

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

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