Five scholarship in the amount of $2,000 each will be awarded for 2018. One scholarship will be awarded in each division of the American Legion Auxiliary. All are gift scholarships and not loans.

RULES

1. Applicant must be a current member of The American Legion, American Legion Auxiliary, or Sons of The American Legion, held membership for the two preceding years (2016 and 2017), and must be a paid member for the current (2018) membership year.

2. Applicants must be:
   a. a non-traditional student returning to the classroom after some period of time in which his/her formal education was interrupted
   b. a non-traditional student who is just beginning his/her education at a later point in life

3. American Legion Auxiliary Spirit of Youth Scholarship recipients are not eligible.

4. Applicants must present the completed application to their local American Legion Auxiliary Unit President ON OR BEFORE MARCH 1, 2018.

5. Judging, at all levels, shall be on the following basis:

   Character/Leadership  25%
   Initiative/Goals      25%
   Financial Need       25%
   Academic Achievement 25%

   THE DECISION OF THE JUDGES SHALL BE FINAL.

6. The award will be paid directly to the school for the first semester upon notification from the school that the student has registered. American Legion Auxiliary National Headquarters must receive certification of enrollment within 12 months of a winner’s notification or the scholarship will be forfeited. The scholarship must be used within 24 months of the date the winner receives notification by National Headquarters, or the scholarship will be forfeited. Thus, if winning student does not wish to use monies for FIRST YEAR expenses, it must then be used for SECOND YEAR expenses or forfeited.
Name of Applicant ________________________________________________________________

Address ________________________________________________________________

City __________________________ State _______ ZIP __________

Telephone No. _____________________________ (Home) _____________________________ (Cell)

Date of Birth ________________________________

Email address ______________________________________________________________

I am a member in good standing of:

______ AMERICAN LEGION AUXILIARY

______ THE AMERICANLEGION

______ SONS OF THE AMERICAN LEGION

Member # ________________________________ Join Date: ______________________

Name of veteran through whom applicant is eligible for membership:

____________________________________________________________________________

Relationship to Veteran _______________________________________________________

Attested: ________________________________________________________________

(PostAdjutant/Unit Secretary)

SCHOLASTIC INFORMATION

Date Applicant graduated from high school: ________________________________

Attach copy of high school transcript (if graduated in the last 10 years).

Has Applicant attended college? Last attended: ________________________________

Attach copy of college transcript. ________________________________ (mo/yr)

If it has been more than five years since applicant has attended school, submit work history.
FINANCIAL INFORMATION

Applicant’s Adjusted Gross Income $ ______________
(AGI: Form 1010 – Line 31; 1040A – Line 6e; 1040EZ – Line 4.)

List support or income from any other sources:
________________________________________________________________________
________________________________________________________________________

Number of dependents: ______________

Describe any circumstances that may affect your or your family’s ability to provide for your college education. (Attach additional sheets if necessary)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CHARACTER/LEADERSHIP

Attach additional sheets if necessary.

Describe any community service activities in which you have participated during high school, college or career.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List offices held and/or awards received:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
AMERICAN LEGION AUXILIARY
NON-TRADITIONAL STUDENT SCHOLARSHIP
2018 APPLICATION (con’t)

INITIATIVE/GOALS

What major do you plan to pursue when you enter college? ____________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Why have you selected this major? __________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

What college or university do you plan to attend? Name______________________________________________
City________________________________________    State _____________________________

Why did you select this school? __________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Who or what inspired you to seek a college degree? ________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Signed: ______________________________________       Date: ________________________________

NOTE: Please be sure to attach to this application all required materials listed on the following page, and submit to the President of the American Legion Auxiliary Unit in the community in which you reside NO LATER THAN MARCH 1, 2018.
APPLICATION PACKET REQUIREMENTS

1. Completed application packet for the Non-Traditional Student Scholarship.

2. Copy of applicant’s high school or college transcript, if applicable.

3. Applicant’s work history, if applicable.

4. A copy of the applicant’s FAFSA (Free Application for Federal Student Aid) form, or a copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid Report (SAR).

5. Please be sure to attach all required materials to this application and submit to the President of the American Legion Auxiliary Unit in the community in which you reside NO LATER THAN MARCH 1, 2018.

THIS PORTION TO BE COMPLETED BY THE SPONSORING UNIT

(PLEASE TYPE OR PRINT)

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT’S PACKET.

1. Judging, at all levels, shall be on the following basis:
   - Character/Leadership 25%
   - Initiative/Goals 25%
   - Financial Need 25%
   - Academic Achievement 25%

2. No Unit may enter more than one candidate in the Department competition.

3. The winning entry for each Unit shall be certified by the American Legion Auxiliary Unit President and Unit Secretary or Unit Education Chairman and forwarded to the Department Education Chairman to be received ON OR BEFORE MARCH 15, 2018.

4. Participation in this scholarship program shall be on a voluntary basis in all Units.

5. Should an entry be received and no Unit affiliation is available, then the application should be judged in the Department Headquarters Unit.

Unit Name and Number _______________________________________________________

Address ___________________________________________________________________

City, State, ZIP ___________________________________________________________________

_________________________________________  ___________________________________________________________________
Signature of Unit President  Signature of Unit Secretary or Unit Education Chairman