

# Ohio Unit Plan of Action



## AMERICAN LEGION AUXILIARY Department of Ohio

### CONTINUING EDUCATION GRANT INSTRUCTIONS FOR THE 2024-2025 SCHOOL YEAR

**Applications for the 2024-2025 school year must be submitted by  
December 1, 2024, to the Department Education Chairman.  
All available grants for the 2024-2025 school year will be awarded by January 1, 2025.**

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 of \$250.00 each will be given until all allocated funds are disbursed for the 2024-2025 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](http://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. Dec. 7, 1941 – current.
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 or a member of an Ohio American Legion Auxiliary Unit.
4. The applicant must be sponsored by an Ohio American Legion Auxiliary Unit.
5. The applicant must show proof of program enrollment (a current schedule of enrolled classes, a receipt from current tuition payment, or a current copy of transcript).
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.
9. Forward the application by the **December 1, 2024**, deadline with all supporting documents to the Department Education Chairman:

**Makenah Leibert**  
1121 Nine Iron Dr., Apt. 1815, Akron, OH 44312-5826  
[makenah25@yahoo.com](mailto:makenah25@yahoo.com)  
(Over for Application)

# Ohio Unit Plan of Action

## CONTINUING EDUCATION GRANT APPLICATION FOR THE 2024-2025 SCHOOL YEAR

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_, Ohio \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Veteran \_\_\_\_\_

Veteran Affiliation:	Wife	[____]	Husband	[____]
(Indicate with (√))	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	Applicant
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: Makenah Leibert, 1121 Nine Iron Dr., Apt. 1815, Akron, OH 44312-5826**