

AMERICAN LEGION AUXILIARY

Department of Ohio



DEPARTMENT PRESIDENT'S SCHOLARSHIP INSTRUCTIONS FOR THE 2024-25 SCHOOL YEAR

The American Legion Auxiliary of Ohio awards one scholarship of \$1,500 annually. This is a gift scholarship—not a loan. The amount is sent in payments directly to the college of the winner's choice. One scholarship of \$1,000 is awarded to the second-place scholarship applicant. The amount to be paid as requested by the school. 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 the Scholarships tab.

1. The applicant must be an honorably discharged veteran or a son or daughter (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 be preparing to enter his/her freshman year of college.
6. The completed application must be returned to the American Legion Auxiliary Unit by March 1, 2024.
7. The winner shall be selected based on the following criteria: 1—Americanism, 2—Character, 3—Financial Need, 4—Leadership, and 5—Academics.
8. The following items must accompany this application:
 - A) Three letters of recommendation from:
 - 1) A member of the clergy or a representative to attest to devotional beliefs.
 - 2) A faculty member from the High School attended by the applicant.
 - 3) A representative of the community.
 - B) An original essay of not more than 500 words entitled "*Education and the American Dream*". All words and symbols count.
 - C) A transcript of High School grades.
 - D) An acceptance letter from the college or university and/or financial letter. Be sure to include student id number and address for the receipt of scholarship funds that may be given.
9. The applicant must sign and date the application.
10. An officer of the sponsoring Unit must sign this application. A Unit may sponsor only one candidate per scholarship.

Forward the application by the **March 15, 2024**, deadline with all supporting documents to the Department Education Chairman:

MaryBeth Parker
PO Box 350203, Toledo, OH 43635
mbparker58@yahoo.com
(Over for Application)

**DEPARTMENT PRESIDENT'S SCHOLARSHIP
APPLICATION FOR THE 2024-25 SCHOOL YEAR**

Name of Applicant _____

Address _____ / ____ / ____ Birth Date

City _____, Ohio _____ (_____) _____ - _____ Zip Code Phone Number

Veteran Affiliation:	Wife	<input type="checkbox"/>	Husband	<input type="checkbox"/>
	Daughter	<input type="checkbox"/>	Son	<input type="checkbox"/>
(Indicate with (√))	Adopted Daughter	<input type="checkbox"/>	Adopted Son	<input type="checkbox"/>
Self	<input type="checkbox"/>	Step-Daughter	<input type="checkbox"/>	Step-Son
	<input type="checkbox"/>	Granddaughter	<input type="checkbox"/>	Grandson
	<input type="checkbox"/>	Great Granddaughter	<input type="checkbox"/>	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 _____

Brief statement of individual need _____

High School Attended _____ / ____ / ____ Graduation Date College You Plan to Attend

Signature of Applicant _____ / ____ / ____ (_____) _____ - _____ Date Phone Number

SIGNATURE OF AMERICAN LEGION AUXILIARY UNIT OFFICER _____ / ____ / ____ (_____) _____ - _____ DISTRICT/UNIT NUMBER UNIT REPRESENTATIVE'S PHONE #

Submit to: MaryBeth Parker, PO Box 350203, Toledo, OH 43635