

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KANSAS
EDUCATION SCHOLARSHIP INFORMATION AND APPLICATION**

ABOUT THE SCHOLARSHIP

The American Legion Auxiliary, Department of Kansas, shall award eight (8) two-year scholarships of \$250.00 per year, for a total scholarship of \$500.00 to each recipient. In order to receive the scholarship, for both years, the scholarship recipient MUST provide a receipt of certification of enrollment from the school in which he/she attends. Such receipt MUST be mailed to: American Legion Auxiliary, Department of Kansas, 1314-B SW Topeka Blvd., Topeka, KS 66612.

ELIGIBILITY FOR SCHOLARSHIPS

1. Application may be made by children, grand-children, great grand-children, or unmarried widows of veterans who served in the Armed Forces during the eligibility dates for membership in The American Legion:
 - a. April 6, 1917 to November 11, 1918, (World War I);
 - b. December 7, 1941 to December 31, 1946, (World War II);
 - c. June 25, 1950 to January 31, 1955, (Korea);
 - d. February 28, 1961 to may 7, 1975, (Vietnam);
 - e. August 24, 1982 to July 31, 1984, (Grenada & Lebanon);
 - f. December 20, 1989 to January 31, 1990, (Panama);
 - g. August 2, 1990 to the date of cessation of hostilities (Persian Gulf to present).
2. Applicant MUST be a Full-time student, and a resident of Kansas. Applicant MUST attend school in Kansas.
3. Applicants MUST provide the following documentation to be considered for this scholarship:
 - a. Completed Application Form;
 - b. A letter from the applicant stating qualifications and intentions that includes life goals and field of study;
 - c. A certified transcript or photocopy of the applicant's high school grades OR a college transcript for the last two (2) semesters;
 - d. A copy of ACT score OR SAT score;
 - e. Two (2) sealed letters of recommendation from the following individuals:
 1. School Counselor OR School Principal OR School Adviser OR Employer attesting to the applicant's scholarship, leadership, and attitudes; and
 2. Community Leader attesting to applicant's character and Americanism;
 - f. Signature of the local American Legion Legion Auxiliary Unit President on the application.

AWARDING OF SCHOLARSHIPS

The Education Committee will evaluate each of the scholarship applications and the required attachments based on the following criteria:

- | | |
|--|-------|
| 1. Scholarship standing and academic achievement | (40%) |
| 2. Need | (20%) |
| 3. Character/Leadership | (20%) |
| 4. Goals/Application | (20%) |

COMPLETED APPLICATIONS MUST BE RECEIVED BY THE EDUCATION CHAIRMAN NO LATER THAN APRIL 20, 2017, FOR REVIEW AND CONSIDERATION. THE EDUCATION CHAIRMAN'S MAILING ADDRESS IS:

**Linda Prothe
28310 West 347th Street
Osawatomie, KS 66064**

If you have any questions, please contact Linda:

lprothe@yahoo.com or (913)755-3008

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF KANSAS
APPLICATION FOR SCHOLARSHIP**

Name of Applicant: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Telephone No.: _____

Name of veteran that applicant is eligible from: _____

Relationship to veteran: _____

I am a member is good standing of:

- American Legion Auxiliary, Unit No.: _____
- The American Legion, Post No.: _____
- Sons of the American Legion, Squadron No.: _____

FINANCIAL STATEMENT

Name of father, stepfather, or guardian: _____

Occupation of father, stepfather, or guardian: _____

Annual Gross Income: \$ _____

Name of mother, stepmother, or guardian: _____

Occupation of mother, stepmother, or guardian: _____

Annual Gross Income: \$ _____

Number of Dependent children under 18 years: _____ over 18 years: _____

Government compensation or pension received by parents and/or children: \$ _____

Are you eligible for or drawing Social Security payments? Yes _____ No _____

If so, monthly amount: \$ _____ Time limit of benefits: _____

Are you eligible for or drawing benefits under Junior G.I. Bill? Yes _____ No _____

EDUCATION INFORMATION

Name of College, University, or VO-Tech you hope to attend:

Course you plan to pursue: _____

(Print Full Name) (Signature of Applicant) (Date)

THE FOLLOWING MUST BE SIGNED BY THE SPONSORING UNIT:

UNIT NAME: _____ **UNIT NO.:** _____

ADDRESS: _____

(Signature of Unit President)

(Date)

**APPLICATION AND ATTACHMENTS MUST BE RECEIVED BY THE EDUCATION CHAIRMAN
BY APRIL 20, 2017. THE EDUCATION CHAIRMAN'S MAILING ADDRESS IS:**

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