

AMERICAN LEGION AUXILIARY  
FRANK GALLINO UNIT 130  
APPLICATION FOR 2018 ARLINE KENNEY \$500  
VOCATIONAL SCHOLARSHIP

Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ How long have you lived in Ca.? \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Grade in School at time of application \_\_\_\_\_ Date you plan on entering school \_\_\_\_\_

What course or vocation you wish to pursue? \_\_\_\_\_

Name and address of school you are applying to \_\_\_\_\_  
\_\_\_\_\_

**BASIS OF ELIGIBILITY (check one)**

( ) Veteran OR ( ) Child, ( ) Grandchild, ( ) Spouse, ( ) Widow or Widower of \_\_\_\_\_ who was in the Armed Forces of the United States during any of the following periods: April 6, 1917 to Nov. 11, 1918; Dec. 7, 1941 to Dec. 31, 1946; June 25, 1950 to Jan. 31, 1955; Feb. 28, 1961 to May 7, 1975; Aug. 24, 1982 to July 31, 1984; Dec. 20, 1989 to Jan. 31, 1990; Aug. 2, 1990 to the date of cessation of hostilities as determined by the government of the United States.

Serial No. or DD214 \_\_\_\_\_

Date Mustered in \_\_\_\_\_ at \_\_\_\_\_

Date Discharged \_\_\_\_\_ at \_\_\_\_\_

Date of Death of person giving eligibility (if applicable) \_\_\_\_\_

Spouse, or parental information  
(if you are under 18)

Names and ages of children living at  
home (if any)

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

APPLICANTS ANTICIPATED ANNUAL REVENUE

Cash on hand                   \$  
Assistance from parents       \$  
Loan, Gift or Scholarship     \$  
Other Income                    \$

APPLICANTS ANTICIPATED SCHOOL EXPENSES

Tuition & Fees                 \$  
Board                             \$  
Room                             \$  
Books                             \$

Applicant shall submit with this application:

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- 1) Three (3) letters of reference attesting to character. Letters may be from school officials, employers or personal friends. (Only 1 letter from personal friend)
  - 2) Current school transcript of grades
  - 3) Letter from applicant expressing need.
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Applicant will submit application and supporting materials to American Legion Auxiliary, P.O. Box 918, Grass Valley, Ca. 95945 no later than March 16, 2018

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Unit Education Chairman \_\_\_\_\_ Date \_\_\_\_\_

Signature of Unit President \_\_\_\_\_ Date \_\_\_\_\_

This information will be kept in strict confidence

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