

# **AMERICAN LEGION AUXILIARY**

# Department of California

# **Application for Funds for Educational Assistance**

When an application is submitted by a student for more than one scholarship offered by the Department or National, the student is eligible to receive only one. A student may not receive more than one scholarship from Department in any one year

Name of Applicant		You live: At Home	On your own
Address		How long have you lived in C	A?
City, State, Zip		Telephone	
Social Security #Grad	e in school at tim	e of application	
What course or vocation do you wish to pursue?			
You will be applying to the following (School must be	ein California)	Business/Trade School	College/University
Name of school			
Address			_
Exact date you plan to enter school next semester			
BASIS OF ELIGIBILITY You are the child of			
who was/is in the Armed Forces of the United States	s during any of th	e following periods: April 6	1917to November 11,
1918; December 7, 1941 to December 31, 1946; June	e 25, 1950 to Jan	uary 31, 1955; February 28,	1961 to May 7,
1975; August 24, 1982 to July 31, 1984; December 2	0, 1989 to Janua	ry 31, 1990; August 2, 1990 t	o the date of
cessation of hostilities as determined by the govern	ment of the Unite	ed States.	
Which service: ArmyAir Force Navy M	arine Corps C	coast Guard Serial No	
Date Mustered inatat			
Date Dischargedatat		<u> </u>	
Did person have service connected disability?	Did person die of	f this disability	
Data of death of nevern giving aligibility (if applicable	۵۱		
Date of death of person giving eligibility (if applicable Father/Guardian		her/Guardian	
		·	
NameAddress			
74417633			
Names and ages of siblings living at home, if any			
Approximate NET (after tax) monthly income of fami	•		
Source of income			
Are you receiving aid from: Veterans' Welfare Board? Yes	No		
Government Insurance Compensation? Yes No			
S.R.A. (Servicemen's Readjustment Allotment? Yes	<del>_</del>	ational Aid? Yes No	•
What is the total aid received \$			•
Does your family own a home Yes No			
Are your parents able to aid you in any way at this time Ye	es No		
If yes, to what extent?			
If not why?			

### **AMERICAN LEGION AUXILIARY**

#### Application for Funds for Educational Assistance For Continuing and/or Re-entry Students

APPLICANT'S ANTICIPATED ANNUAL REVENUE:				
Cash on Hand	\$			
Net earnings during the semester	\$			
Working for board	\$			
Working for room	\$			
Assistance from parents/guardians	\$			
Assistance from university/college	\$			
Loan, gift or scholarship (not including American Legion Auxilia	ary) \$			
Advance from other source	\$			
APPLICANT'S ANTICIPATED SCHOOL YEAR EXPENSES:				
Tuition and fees	\$			
Board	\$			
Room	\$			
Books	\$			
Organizations	\$			
Incidentals (itemize and explain)	\$			
Have you applied for any other American Legion Auxiliary (ALA) or ALAnatic  If yes, which one (if more than one, list all)				
Applicant's applying for scholarships shall submit with this a	pplication:			
1. Three (3) letters of reference attesting to character. Letters may be fro	· ·			
(1) letter may be from a personalfriend.)				
2. Current school transcript of applicant's grades				
3. Letter from applicant expressing need.				
Applicant must locate the closest American Legion Auxiliary Applications will not be accepted before September				
Signature of Applicant	Date			
Sponsored by Unit (Name & Number)	Date of Receipt of Application			
Signature of Unit Education Chairman	Date			

In accordance with the Privacy Act of 1974, this information will be held in strict confidence

Signature of Department Chairman\_\_\_\_\_\_Date \_\_\_\_\_

Chairman's Name\_\_\_\_\_Phone:\_\_\_\_\_

Address \_\_\_