

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA
PO BOX 547917
ORLANDO FL 32854-7917**

MASTER'S PROGRAM GRANT AWARD RULES

Grants may be awarded to members of the American Legion Auxiliary provided said member has been a member in good standing of the American Legion Auxiliary for five (5) consecutive years with current dues paid.

All grants require student to be enrolled in an accredited Master's program. Annual award is limited to \$2,500 and will be made payable directly to the school.

Awards may be renewed one (1) time provided the student needs further financial assistance and has maintained a 2.5 GPA. Total award for any student is \$5,000.

Applications may be sponsored by official action of a Unit and such action must be noted on the application. The Unit shall have the responsibility of keeping in contact with its sponsored awardee. **Applications without local Unit sponsorship are to be mailed directly to the Department Headquarters at PO Box 547917, Orlando FL 32854-7917.**

Attached to completed application must be the following: **(check carefully)**

1. Certified transcript from college or university last attended by applicant.
2. Personal letter from applicant explaining what receiving this grant would mean to them.
3. Three letters of reference from persons who have known applicant at least one year.
4. Copy current membership card.
5. Provide **signed** completed copies, with all schedules for Form 1040, of the individual income tax returns of all those who contribute to your support.

Applications which are not fully completed will not be considered. All requirements listed above must be attached to the application.

Deadline date for completed applications to reach the local Unit for sponsorship is February 1st.

Applications without Unit sponsorship must reach Department Headquarters by March 1st.

MASTER'S PROGRAM AWARD APPLICATION

1. Name of Applicant _____

2. Address _____

City _____ State _____ Zip Code _____

Date of birth _____ Social Security No. _____

3. Unit # you are a member of _____ Membership ID # _____

4. Are you eligible for or drawing Social Security payments? _____ If so, monthly amount \$ _____

Time limit of benefits _____

5. Are you eligible for benefits under Survivors and Dependents Education? _____

**** QUESTIONS 6 - 8.**

If student applicant is DEPENDENT upon parents, fill out SECTION A.

If student applicant is self-supporting, fill out SECTION B.

SECTION A. Attach a copy of signed completed 1040 Form for all those who will contribute to your support (applicant, spouse, parents, etc.).

6. Number of dependent children living at home under 18 years of age _____ Over 18 _____

Grade Levels _____

7. Occupation of Father or Stepfather _____ Annual Gross Income \$ _____

Occupation of Mother or Stepmother _____ Annual Gross Income \$ _____

8. Total monthly government compensation or pension received by parent and/or children \$ _____

SECTION B. Attach a copy of signed completed 1040 Form for all income.

6. Number of children who are dependent on you for support? _____ Ages _____

7. Occupation of the applicant _____

Annual Gross Income \$ _____ Will you continue to work? _____

Occupation of spouse or other source of support (please identify)? _____

_____ Annual Gross Income\$ _____

8. Total annual government compensation or pension for applicant \$ _____

The following to be answered by all applicants:

9. Proposed date of graduation from college _____

10. Name of college or university you plan to enroll in a master's program _____

Have you been accepted? _____

11. Degree or degrees and career field you plan to pursue _____

12. Anticipated Tuition \$ _____ Cost per credit hour \$ _____

Anticipated room & board? _____

Will you live on campus? _____ Will you live at home? _____

I PLEDGE THAT I AM NOT A MEMBER OF, NOR DO I SUBSCRIBE TO, THE PRINCIPLES OF

ANY GROUP OPPOSED TO OUR FORM OF GOVERNMENT.

Signature of applicant _____

Telephone/Area Code _____

Date _____

If application is not sponsored by a local Unit of the American Legion Auxiliary, the applicant is required to mail completed application to the Department Headquarters by March 1st. Mail to: PO Box 547917, Orlando FL 32854-7917.

If application is being sponsored by a local Unit of the American Legion Auxiliary, complete the bottom portion of the application.

Signature of Unit President _____

Address _____

Telephone # _____

Signature of Unit Education Chairman _____

Address _____

Telephone # _____

Unit Location _____ Unit # _____ Dist # _____

Date Unit voted to sponsor student _____

Revised 09/26

Unit sponsored applications must be to Department Chairman by March 1st.