

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

MEMORIAL SCHOLARSHIP AWARD RULES

Memorial Scholarships are awarded annually to members of the American Legion Auxiliary, daughters or granddaughters of members, provided said member has been a member in good standing in a Unit within the Department of Florida and shall have maintained that membership for at least (3) consecutive years prior to date of application.

All Scholarship grants require student to attend an accredited university, college, community college or technical-vocational school full time (defined as 12 earned credit hours in a semester.) Awards for a four year university or college will not exceed \$2000.00, community college and technical-vocational school awards will not exceed \$1,000.00. Awards are paid directly to the school in 2 equal payments by Department Secretary-Treasurer. Accreditation to be verified using the U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs.

Awards will be renewed annually for undergraduate studies provided the student needs further financial assistance and has maintained a 2.5 GPA.

Applicants 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 high school, college or university last attended by applicant.
2. Personal letter from applicant supplying data concerning herself which would be of interest including extra-curricular activities.
3. Three letters of reference from persons who have known applicant at least one year. One of these must be a faculty member of the school last attended.
4. Copy of member's, mother's or grandmother's current membership card.
5. Provide **signed** completed copies, with all schedules for Form 1040, of the individual income tax returns of all those who will 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 is February 1st.

MEMORIAL SCHOLARSHIP APPLICATION

1. Name of Applicant _____
2. Address _____
City _____ State _____ Zip Code _____
Date of birth _____ Social Security No. _____
3. Who is a member of the American Legion Auxiliary? (Check One) Applicant _____
Mother _____ Grandmother _____ 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 or is presently in H.S., 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 high school(if applicable) _____

10. Name of college or university you hope to attend _____

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 _____

Signature of Parent/Guardian(if under the age of 18) _____

Telephone/Area Code _____

Date _____

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 07/31/09

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