

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

DEPARTMENT SCHOLARSHIP AWARD RULES

Department Scholarships are awarded annually to **children and stepchildren** of honorably discharged veterans only.

All Scholarship grants require student to be a Florida resident, attend a 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 \$2,000.00, 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.

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 the 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 any data concerning himself/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 shall be a faculty member of the school last attended.
4. Copy of veteran parent's honorable discharge.
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 must be fully completed to be considered. All requirements listed above must accompany application.

Deadline date for completed application to reach the local Unit for sponsorship is February 1st. Applications without Unit sponsorship must be received at Department by March 1st.

DEPARTMENT SCHOLARSHIP APPLICATION

1. Name of Applicant _____ Date of Birth _____
2. Address _____
City _____ State _____ Zip _____
3. Social Security No. _____
(Required)
4. Name of veteran by which applicant is eligible _____
Living _____ Deceased _____ Relationship _____
5. Are you eligible for or drawing Social Security payments? Yes _____ No _____
If so, monthly amount \$ _____ Time limit of benefits _____
6. Are you eligible for benefits under Survivors and Dependents Education? Yes _____ No _____

**** QUESTIONS 7 - 9.**

If student applicant is DEPENDENT upon parents or is presently in H.S., fill out SECTION

A.

If the 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.).

7. Number of dependent children living at home under 18 years _____
over 18 _____ Grade levels _____
8. Occupation of father or stepfather _____ Gross Income \$ _____
Occupation of mother or stepmother _____ Annual Gross Income \$ _____
9. Total annual government compensation or pension received by parent and/or children \$ _____

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

7. Number of children who are dependent on you for support? _____ Ages _____
8. 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 \$ _____

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

The following to be answered by all applicants:

10. Proposed date of graduation from high school(if applicable) _____

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

Have you been accepted? _____

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

13. 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 _____ Date _____

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

Telephone # (_____) _____

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.