

Applicant's Name: \_\_\_\_\_

**WISCONSIN AMERICAN LEGION AUXILIARY  
2017 SCHOLARSHIP APPLICATION**

**APPLICATION MUST BE POSTMARKED BY MARCH 15, 2017**

**SCHOLARSHIPS AVAILABLE:**  *scholarship(s) applying for (may apply for more than one).*

- Department President's** – three (3) \$1000  
*(either applicant or mother of applicant must be an Auxiliary member)*
- Della Van Deuren** – two (2) \$1000  
*(either applicant or mother of applicant must be an Auxiliary member)*
- H.S. & Angeline Lewis** – five (5) \$1000
- H.S. & Angeline Lewis** - one (1) \$1000 - applicant must be a college graduate
- Merit & Memorial** – seven (7) - \$1000
- Child Welfare** - one (1) \$1000 - applicant must be a college graduate - in field of special education  
*(if there is no applicant in a Special Education Program, the scholarship will be awarded to an applicant in an education field)*
- Past Presidents Parley** – Three (3) \$1000
- No more than 2 for nursing – *Applicant must be in nursing school or have positive acceptance to an accredited school of nursing.*
- No more than 2 for health career – *Course of study need not be a 4-year program; Hospital, University or technical school program is acceptable.*

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**Scholarship Eligibility:**

1. Students may apply for scholarships regardless of the period of time that the veteran served without regard to specific eligibility dates of The American Legion.
  - a. Applicant must be a child, grandchild, great-grandchild, step-child, step grandchild, step great-grandchild, wife or widow of a veteran.
  - b. An applicant, who is a member of the Wisconsin American Legion Family, does not need to reside in Wisconsin.
2. Applicants must:
  - a. Be in need of financial help to continue their education.
  - b. Have at least a 3.5 GPA on a 4.0 grade base.
  - c. Be a resident of Wisconsin, except as noted in 1 (b).
3. School selected need not be in Wisconsin, but must be an accredited school.
4. Judges reserve the right to determine the type of scholarship awarded. Judge's decision is final.
5. Applicant may receive only one Department scholarship.
6. Scholarships are awarded on a one time only basis (lifetime) and are non-renewable.

**JUDGES USE ONLY**

GPA \_\_\_\_\_ class rank \_\_\_\_\_ SAT/ACT score \_\_\_\_\_ honors/awards \_\_\_\_\_ school/community activities \_\_\_\_\_  
 essay score \_\_\_\_\_ need \_\_\_\_\_ member \_\_\_\_\_ TOTAL \_\_\_\_\_

**TYPE OR PRINT**

**General information**

- 1. Name of applicant \_\_\_\_\_ Birthdate \_\_\_\_\_
- 2. Complete Mailing address: \_\_\_\_\_
- 3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_
- 4. Email: \_\_\_\_\_
- 5. Applicants estimated education cost per year \$ \_\_\_\_\_
- 6. Name of school you plan to or are attending \_\_\_\_\_
- 7. Have you been accepted? \_\_\_\_\_ Course of study \_\_\_\_\_

**Financial information** (*select one*)

Single - Living with parent as dependent: please **continue** through #14, then **SKIP** to #21  
 Single - Head of household - living independent: please **SKIP** to # 15 and continue  
 Married - Please **SKIP** to # 15 and continue

**Dependent**

- 8. Father/Stepfather name: \_\_\_\_\_ occupation \_\_\_\_\_  
 Address if different than applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 9. Mother/Stepmother name: \_\_\_\_\_ occupation \_\_\_\_\_  
 Address if different than applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 10. Other (guardian, grandparent etc.) name: \_\_\_\_\_ occupation \_\_\_\_\_  
 Address if different than applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 11. Other income available for education expenses: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Applicant's expected contribution to education \$ \_\_\_\_\_
- 13. Total of dependent children in household \_\_\_\_\_ (include yourself)
- 14. Total number of dependent children in household attending college \_\_\_\_\_
- 15. Other information to help determine financial need.

**Independent**

- 16. Spouse name: \_\_\_\_\_ Occupation \_\_\_\_\_  
 Annual income \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 17. Applicant's employer: \_\_\_\_\_ occupation: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer's Phone number: \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
 Length of employment: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Expected contribution to education \$ \_\_\_\_\_
- 18. Other income available for your education expenses: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Number of dependent children in your household \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

- 20. Other income available for dependent children support: Source \_\_\_\_\_ \$ \_\_\_\_\_
- 21. Other information to help determine financial need.

**Education information:**

- 22. High School attended \_\_\_\_\_ Date of graduation \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_
- 23. Cumulative GPA \_\_\_\_\_ (to-date) Point base for grading system \_\_\_\_\_
- 24. Number in graduating class \_\_\_\_\_ Your rank in class \_\_\_\_\_

Education since High School (continue if applicable)

School	Location	Dates (from-to)	# Earned Credits	GPA	Course of Study
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 25. College Cumulative GPA \_\_\_\_\_ Point base for grading system \_\_\_\_\_
- 26. Post High School Degrees: What Degrees \_\_\_\_\_ When earned \_\_\_\_\_
- 27. Where earned \_\_\_\_\_
- 28. Current Course of study \_\_\_\_\_

**Eligibility information:**

- 29. I am eligible to apply through the military service of - name \_\_\_\_\_, relationship \_\_\_\_\_ who served in dates (year)s \_\_\_\_\_, in (Branch of Service) \_\_\_\_\_

**PROOF OF VETERAN'S SERVICE MUST ACCOMPANY APPLICATION:** i.e. photocopy of Discharge papers - DD214 or other document used to establish honorable active duty service.  
 (Contact Veterans Service Office in your county for proof of veteran's service record)

- 30. Applicant's mother/grandmother is a member of the Wisconsin - American Legion Auxiliary:  
 Unit # \_\_\_\_\_ Dist. # \_\_\_\_\_ Unit Name \_\_\_\_\_ Unit City \_\_\_\_\_
- 31. Applicant is a member of the Wisconsin - American Legion Auxiliary:  
 Unit # \_\_\_\_\_ Dist # \_\_\_\_\_ Unit Name \_\_\_\_\_ Unit City \_\_\_\_\_
- 32. Applicant is a member of the Wisconsin - American Legion:  
 Post # \_\_\_\_\_ Dist # \_\_\_\_\_ Post Name \_\_\_\_\_ Post City \_\_\_\_\_
- 33. Applicant is a member of the Wisconsin - Sons of American Legion  
 Squadron # \_\_\_\_\_ Dist # \_\_\_\_\_ Squadron Name \_\_\_\_\_ Squadron City \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Authorization by applicant**

34. I declare the information given in this application to be correct.

If I am awarded a scholarship I authorize the American Legion Auxiliary – Department of Wisconsin to publish my name.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Certification of sponsorship by American Legion Auxiliary – local Unit.**

35. ALA Unit City \_\_\_\_\_ Unit # \_\_\_\_\_ District # \_\_\_\_\_

Unit President/Secretary Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
**NOTE TO APPLICANT:** *Certification by an American Legion Auxiliary Unit is your responsibility. If you need help in obtaining the name of the local President/secretary, please contact American Legion Auxiliary Wisconsin Headquarters Offices at (608) 745-0124. Monday –Friday: 8:00 am – 4:30 pm.*  
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**ADDITIONAL INFORMATION TO BE INCLUDED:**

1. **On a separate sheet, please list (a) student activities, (b) community involvements, (c) offices held, and (d) awards received, etc.**
2. **Essay must be typed and double spaced, not to exceed 300 words.**  
**ESSAY TITLES:**
  - a. For Health Careers – “**The Importance of Health Careers Today.**”
  - b. For Registered Nurse – “**The Need for Trained Nurses Today.**”
  - c. For all other Department Scholarships – “**Education – An Investment In The Future**”
3. **Include at least three (3) letters of recommendation from at least two of the following categories:**
  - a. School administrators, guidance counselors, faculty members (no more than two)
  - b. Pastor, businessmen from community (no more than two)
  - c. Representative citizen (one only)
    - i. Recommendations from relatives are not accepted
4. **Transcript (high school applicants only) including:**
  - a. Cumulative GPA at end of 7<sup>th</sup> semester
  - b. The point base for grade point system used
  - c. Subjects and grades for 7<sup>th</sup> semester
  - d. Provide at least one of the following: college bound percentile, scores from ACT, SAT or PSAT
5. **Transcripts (college applicants only) including:**
  - a. All subjects, grades and cumulative GPA through current semester (or most current semester completed)
  - b. Graduate students include undergraduate transcript(s)
  - c. Point Base for grade point system used (if other than 4.0 base)
6. **Copy of Veteran’s DD-214 (discharge papers)**

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**APPLICATION - CHECK LIST**

- ✓ Complete application.
  - a. Did you check  all scholarships you wish to be considered for?
  - b. Is your address complete with city and zip code?
  - c. Is your telephone number with area code included?
  - d. Do you have all required signatures on the application?
    - i. Your signature?
    - ii. The Local American Legion Auxiliary Unit's President or Secretary?
  
- ✓ Have you included:
  - a. Your list of school activities, community activities, offices held and awards received?
  - b. Essay; typed, double spaced, less than 300 words?
  - c. Letters of recommendations; three (3)?
  - d. Grade transcripts?
  - e. Copy of honorable discharge papers, DD214 or other acceptable documents?
  
- ✓ Review application again.
  
- ✓ Mail ALL required materials for the application in **ONE** envelope?
  
- ✓ Is your name on every page of your application and attachments?
  
- ✓ Are you mailing ALL required materials before March 15, 2017?
  
- ✓ If you have any questions, please contact the Education Chairman - Mary Krutz  
920-465-9917  
wkrutz@new.rr.com

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**Unit - Forward completed application to: American Legion Auxiliary - Education Chairman  
Mary Krutz  
2254 Deer Trail  
Green Bay, WI 54302**

**APPLICATION MUST BE POSTMARKED BY MARCH 15, 2017**