Rules Governing Past Presidents Academic Gift American Legion Auxiliary

Eligibility

- 1. The applicant must be a daughter, granddaughter, or great-granddaughter of an American Legion Auxiliary member (or deceased member) who needs financial assistance in order to attend an accredited school for any medical training.
- 2. The applicant must have maintained a high average in scholarship and must show an interest in and adaptability for a profession in the medical field.
- 3. The applicant must be a member of the American Legion Auxiliary, if she is eligible to membership there-in.

Application

- 1. The applicant must fill in the application form and provide the following references from people who know her in her community and home life:
 - a) Superintendent or principal of the high school from which she graduated (if graduation from high school has been within the past five years)
 - b) A reputable businessperson.
 - c) A transcript of grades must be submitted, if applicable.
 - d) A brief paragraph or two stating why you think you are qualified to enter the medical field.
- 2. All applications must be filed with the Past Presidents Parley Committee by **March 15**, of the year in which application is being made.
- 3. Applicants will be investigated by the Committee before a gift is awarded.

Academic Gift

1. One check in the amount of \$500.00 will be given to the recipient at the time of entrance to school.

Send completed application and references to:

Department Secretary 5440 Herbert Lord Rd. Indianapolis, IN 46216

In lower left corner of envelope, please mark "Scholarship Application"

Application for Past Presidents Academic Gift American Legion Auxiliary

	Full Name		
	Address		
	City, State, Zip		
	Telephone No		
	With whom are you living?		
	Full Name		
	Address		
	City, State, Zip		
	Relationship to you		
	Are you a member of the American Legion Auxiliary?	Yes No	
	Unit Name, No. & Location		
	No. of years a member		
	Name of Mother, Grandmother or Great-Grandmother (if	different from #2)	
	Address, if living		
	City, State, Zip		
	Is your Mother, Grandmother or Great-Grandmother a Me		
	Auxiliary?		
	Unit Name, No. & Location		
	If Married –		
	Information on spouse:	Information on parents:	
	Occupation	Occupation	
	Annual Income	Annual Income	
	Brief statement of service of Father, Grandfather or Great	Grandfather in the Armed Force	
	No. of children in family under age 18 Over	18	
	Condition of your health		
	What is your income from all sources?		
	Have you been awarded, or have you applied for other sch	olarships?	
	Are you eligible for Jr. G.I. Bill Benefits?		
		C '. 1 C'.	
	or Veterans benefits or Social	Security benefits	

Deadline for submitting application to Unit is March 1 Deadline for submitting application to Department is March 15