

AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK

SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION

NAME _____

ADDRESS _____

PHONE _____ DATE OF BIRTH _____

IT IS IMPERATIVE TO READ AND FOLLOW ALL RULES FOR EACH SCHOLARSHIP CATEGORY.

Please check scholarship for which you are applying:

- _____ Department Scholarship
- _____ Department District Scholarship
- _____ Past Presidents Parlay Student Scholarship / Medical Field
- _____ Raymond T. Wellington, Jr. Memorial Scholarship
- _____ 1st Lt. Michael L. Lewis, Jr. Memorial Fund Scholarship
- _____ The Helen Klimek Student Scholarship
- _____ Mary Ann K. Murtha Memorial Scholarship

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT AND FOUR ORIGINAL RECOMMENDATIONS ARE NEEDED.** Copies will be accepted for other applications. You **MUST** include the following with applications (except for the 1st Lt. Michael L. Lewis, Jr. Memorial Fund Scholarship):

- Four letters of recommendation, which **MUST INCLUDE** one from principal, one from clergyman of choice, and two from representative citizens
- One certified copy of high school grades
- Statement of extracurricular activities
- Participation in civic affairs
- Certificate of acceptance and/or letter from college, etc.
- Essay requirement (see individual scholarship requirement for topic)
- **Must be sponsored by a local American Legion Auxiliary Unit**
- **No American Legion Auxiliary Unit may enter more than one candidate for each scholarship competition**

Unit _____ County _____ District _____



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK**

112 State Street - Suite 1310 -Albany, New York - 12207 - (518) 463-1162

PAST PRESIDENTS PARLEY STUDENT SCHOLARSHIP IN MEDICAL FIELD

Note: This application must be submitted to the sponsoring unit no later than March 1st.

Name of Applicant Telephone Number

Street Address City State Zip Code

Name of Parent Address (if different from above)

Name of Veteran providing eligibility Relationship to Applicant

Branch of service of veteran Dates of Service

Name of Applicant's High School Date of Graduation

Name of College Applicant plans to attend Course of Study

Street Address City State Zip Code

Total Family Income Number of Dependents Under 18 Number of Dependents over 18

Signature of Applicant Date

Signature of Unit President Signature of Unit Education Chairman

Unit Name and Number County District

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES