



AMERICAN LEGION AUXILIARY DEPARTMENT OF ARKANSAS

APPLICATION FOR ACADEMIC SCHOLARSHIP - \$500.00

Please submit completed Application to the Unit President of the American Legion Auxiliary no later than March 1, 2010.

Please Type or Print Clearly (Black or Dark Blue ink)

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Name of Veteran by which applicant is eligible: \_\_\_\_\_

Is Veteran Living? \_\_\_\_ Deceased? \_\_\_\_ Applicant's Relationship to Veteran: \_\_\_\_\_

In household of applicant, number of dependent children age 18 and under: \_\_\_\_\_ Over age 18: \_\_\_\_\_

Grade levels: \_\_\_\_\_

Father Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_

(stepfather)

Mother Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Annual Gross Income: \$ \_\_\_\_\_

(stepmother)

Total monthly government compensation or pension received by parent and/or children: \$ \_\_\_\_\_

Monthly compensation or pension for applicant if mother has remarried or died: \$ \_\_\_\_\_

Are you eligible for/or drawing Social Security payments? Yes \_\_\_\_ No \_\_\_\_

If so, Monthly Income \$ \_\_\_\_\_ Time limit on benefits \_\_\_\_\_

Are you eligible for benefits under Survivors and Dependents Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Note: Applicant's Total Annual Family Income may not exceed \$ 55,000.

Proposed date of graduation from High School: \_\_\_\_\_

Name of College or University you hope to attend: \_\_\_\_\_

Signature of Applicant: x \_\_\_\_\_ Date: \_\_\_\_\_

Note - Please, review the "packet requirements", be sure to attach all required material to this Application and submit to the President of the American Legion Auxiliary Unit in (or near) the community in which you reside.



UNIT CERTIFICATION

Unit Charter Name \_\_\_\_\_ Unit Number \_\_\_\_\_ Date \_\_\_\_\_

Unit City \_\_\_\_\_

Unit Address \_\_\_\_\_

Use Unit President's address if Unit's is unavailable

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

x \_\_\_\_\_  
Signature of Unit Secretary or Education Chairman (Phone)

x \_\_\_\_\_  
Signature of Unit President (Phone)