

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 submitting.

- _____ Department Scholarship
- _____ Department District Scholarship
- _____ Raymond T. Wellington, Jr. Memorial Scholarship
- _____ Past President Parley Student Scholarship (Medical Field)
- _____ Helen Klimek Student Scholarship
- _____ Mary Ann K. Murtha Memorial Scholarship
- _____ The Cerullo Memorial Scholarship (Sons of The American Legion)

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED.** Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You **MUST** include the following with applications:

- Four letters of recommendation: which include one from the principal or guidance counselor, one from clergyman of choice or other church affiliate, and two from representative citizens
- One certified copy of high school grades with the embossed seal.
- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.

Unit: _____ County: _____ District: _____

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC.
112 State Street, Suite 1310 Albany, New York 12207
(518)463-1162 / 800-421-6348 / Fax (518) 449-5406**

MARY ANN K. MURTHA MEMORIAL SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

THIS SCHOLARSHIP MAY BE CONCURRENTLY WITH ANY OTHER SCHOLASHIP.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughter, son, grandsons, or great grandsons of veterans who served in the Armed Forces during WWI, WWII, the Korean Conflict, Vietnam War, Grenada/Lebanon, Panama, the Persian Gulf and War on Terrorism.
2. Applicants must be United States citizen and a resident of New York State.
3. Applicants must be a senior or a graduate of an accredited High School.
4. Each Auxiliary Unit may submit ONE application by March 1, 2018, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15, 2018.
5. Selection will be made on the following basis:
 - a. Character 15%
 - b. Leadership 15%
 - c. Americanism 15%
 - d. Community Involvement 15%
 - e. Financial 20%
 - f. Scholarship 20%
6. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIRMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of FAFSA application.
7. An article written by applicant consisting of not more than 700 words (typed), and stating what plans and goals she/he has for the future and how she/he hopes to use talent and education to help others.
8. **Application must be signed by both applicant and the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1, 2018.**

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK**

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

MARYANN K. MURTHA MEMORIAL SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1, 2018

Name of Applicant	Telephone
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Street Address	City	State	Zip Code
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Name of Parent	Address (if different from above)
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Name of Veteran providing eligibility	Relationship to Applicant
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Branch of service of veteran	Dates of Service
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Names of Applicants High School	Date of Graduation
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Name of College Applicant plans to attend	Course of Study
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Street Address	City	State	Zip Code
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\$

Total Family Income	Number of Dependents under 18	Number of Dependents over 18
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Signature of Applicant	Date
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Signature of Unit President Chairman	Signature of Unit Education
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Unit Name and Number	County	District
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Signature of County Chairman	Name of County Chairman	County
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THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES