

**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

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: _____

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PAST PRESIDENT'S PARLEY SCHOLARSHIP IN MEDICAL FIELD

There will be two (2) scholarships of \$1000 each awarded to an eligible candidate planning to further his/her higher education in the Medical Field and one (1) Non-Traditional Scholarship. When awarded, the scholarships will be paid directly to the schools in two installments, in accordance with payment of first semester and second semester tuition and other costs. **THE SCHOLARSHIPS MAY BE USED CONCURRENTLY WITH ANY OTHER SCHOLARSHIP.**

RULES

1. Candidates for this award shall be daughters, granddaughters, great granddaughters, sons, 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. Applicant must be a United States citizen and a resident of New York State.
3. Applicant 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. Basis of Need – 20% Actual need of financial assistance to continue higher education.
 - b. Character – 30% High standards of conduct, keen sense of right, adherence to truth and conscience, strength of character, devotion to church and daily duties.
 - c. Americanism - 20% Fine ideals, love of Country, ability to accept citizen's responsibilities.
 - d. Leadership – 10% Ability to lead and to accomplish through action, personal magnetism, guidance and thought of others.
 - e. Scholarship – 20% Scholastic attainment with rating in class, evidence of industry and application in studies.
6. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed Application form.
2. A certified copy or photocopy of applicant's high school grades.
3. Four (4) Letters of recommendation: One from 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 the applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and or a letter from the college stating date certification will be received from the school he or she plans to attend.
6. Copy of FAFSA application.
7. Original article, written by applicant, of no more than 500 words on "Why I selected the medical field."
8. **APPLICATION MUST BE SIGNED BY BOTH THE 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**

PAST PRESIDENTS' PARLEY STUDENT SCHOLARSHIP IN MEDICAL FIELD

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

Name of Applicant: _____

Phone Number: _____ Email: _____

Complete Address: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Address if Different from above:

Name of Veteran proving eligibility: _____ Relationship: _____

Branch of Service of veteran _____ Dates of Service: _____

Name of Applicants High School: _____ Graduation Date: _____

Name of College/University applicant plans to attend: _____

College or University Address: _____

Course of Study: _____ Total Family Income: \$ _____

Number of dependents under 18: _____ Number of Dependents over 18: _____

Signature of Applicant: _____ Date: _____

Unit Name and Number _____

Signature of Unit President: _____

Signature of Unit Education Chairman _____

Signature of County Chairman Name of County Chairman County

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES