

Auxiliary Scholarships

In this packet you will find the scholarship forms for the upcoming year. I am looking forward to seeing all you send in. So many of our young students are in need of scholarship help with their studies, so please be diligent when going through all those applications you receive. It would be heartbreaking to see one not accepted due to something missing.

I would love to know what your process is for giving out and receiving these applications. Send me an email to let me know what your Unit does for the Scholarship program.

Have an outstanding year everyone...I am looking forward to being your Education Chairman for the 2015-2016 year.

Rose Ring

728 SE 4th Ave
Oak Harbor WA 98277

360-720-9941 (new cell number)
rosering@comcast.net

Unit Scholarship Certification Form
American Legion Auxiliary, Department of Washington

Unit Name: _____ Unit #: _____ District: _____

Unit Chairman's Name: _____ Telephone Number: _____

Address: _____

I certify that these are the Department and National Scholarship Applications we are submitting for judging

Signature of Unit Education Chairman or President _____

You may select one scholarship application for each type as listed below to submit for judging in Department. Please fill in the names and send only their scholarship applications and this form to the Department Education Chairman Sandy Yakkel by **March 15th, 2016**. Be sure to include all scholarship attachments they have submitted to you. They will be judged on the Department level and you will be notified if your applicant is the scholarship winner in time to present a certificate or make an announcement in your local school and newspaper. Applications for these scholarships must be in your hands by **March 1st, 2016** and sent to the Department Chairman by **March 15th, 2016**.

NATIONAL SCHOLARSHIPS

National President's Scholarship: _____

Spirit of Youth for Junior Members Scholarship: _____

Non-Traditional Students Scholarship: _____

DEPARTMENT OF WASHINGTON SCHOLARSHIPS

Department Gift Scholarship: _____

PAST PRESIDENTS SCHOLARSHIPS

Susan Burdett Girls State Scholarship: _____

Marguerite Mc'Alpin Nursing Scholarship: _____

Florence Lemcke Fine Arts Scholarship: _____

Mail this form and completed applications to:
Rose Ring, Department Education Chairman
728 SE 4th Avenue, Oak Harbor, WA 98277
Must be received by MARCH 15th, 2016



MARGUERITE MC'ALPIN MEMORIAL SCHOLARSHIP 2015/2016
For Undergraduate or Graduate Study in the field of Nursing
Available For Washington State Residents Only

The American Legion Auxiliary, Department of Washington will award one (1) Nurses' Scholarship of \$1,000.00 for graduate or undergraduate study and/or training in the field of nursing.

QUALIFICATIONS

1. Candidates for this award must be a Washington resident.
2. Candidates for this award must be a child, grandchild or great-grandchild of a veteran or have served in the Armed Forces themselves.

APPLICATION PACKET REQUIREMENTS CHECKLIST

- ___ 1. A completed application form for the Mc'Alpin Nursing Scholarship.
- ___ 2. A typed list of church, school and community organizations to which the applicant belongs including any office held.
- ___ 3. Three letters of recommendation are required:
 - a. One letter from the principal, guidance counselor or teacher of the school in which the student attends or from which the applicant has graduated.
 - b. Two letters from adults, other than relatives, attesting to the applicant's character.
 - c. If currently a Nursing student, one letter should be from a member of the teaching staff of the college or nursing school.
 - d. If currently a Nurse who is continuing study, one letter should be from a doctor or member of the supervisory staff where the applicant is (or last was) employed.
- ___ 4. Submit an essay of 300 words or less on: **Your Desire To Study Nursing.**
- ___ 5. Submit a certified transcript of your high school and/or college grades.
- ___ 6. Submit a brief statement of the military service of the veteran through whom applicant is eligible: Include branch of service and dates of service or a photocopy of veteran's discharge papers.
- ___ 7. Please explain on a separate paper if there are special financial hardships or needs that should be taken into consideration.
- ___ 8. Submit a resume of applicant's training and experience in nursing (graduate study applicants only).

RULES

1. Applicants must present the completed application packet to their school counselor or their local American Legion Auxiliary Education Chairman prior to **March 1st, 2016.**
2. Judging at all levels shall be on the following basis: character, leadership, scholarship, basis of need, and essay.
3. The Scholarship must be used within twelve (12) months of the date that the winner receives notification from the Department Education Chairman or Department Secretary. Scholarship may be renewed for another year upon reapplication.
4. The Scholarship money must be requested from Department Headquarters with the **Scholarship Payment Form** that will be sent to the recipient.

American Legion Auxiliary, Department of Washington
Marguerite Mc'Alpin Memorial Scholarship Application
High School Seniors or Nursing Students may apply

Name: _____ Telephone # _____

Address: _____

Fill in service record of applicant, parent, grandparent or great-grandparent:

Name: _____

Dates of service: _____ Branch of Service: _____

(If single and/or currently a dependent of your parents, answer following questions)

Father's Occupation: _____ Annual Gross Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Mother's Occupation: _____ Annual Gross Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Names and ages of other children in parents household: _____

Name and location of high school and date of graduation: _____

Name and location of college/nursing school attending: _____

(If married or living independently of parents, answer following questions)

Spouse's name: _____ Occupation: _____

Spouse's annual income \$ _____ Your Annual Income \$ _____
(Include income from VA benefits, Social Security, other government compensation and pensions)

Names and ages of children in household _____

Name and location of college/nursing school attending: _____

I hereby apply for the Marguerite Mc'Alpin Scholarship of \$1,000.00 dollar by the American Legion Auxiliary, Department of Washington, for the purpose of encouraging training and/or education in the field of nursing. I understand the money to be a gift if I persist in this training. However, I understand the money to be a loan, repayment to the American Legion Auxiliary, Department of Washington, at the end of three years if I discontinue training after one year.

Signature of Applicant: _____ Date: _____

NOTE: Please be sure to attach all required materials to this application and submit to your High School Counselor or local American Legion Auxiliary Unit Education Chairman prior to **March 1st, 2016**.

For local Unit information look in the telephone directory under American Legion or contact the Department Education Chairman Rose Ring at rosering@comcast.net.



SUSAN BURDETT SCHOLARSHIP 2015/2016

Available For Washington State Residents Only

The American Legion Auxiliary, Department of Washington will award one (1) Scholarship of \$1,000.00 to a former citizen of Evergreen Girls State.

QUALIFICATIONS

1. Candidates for this award must be a Washington resident and a former citizen of Evergreen Girls State.

APPLICATION PACKET REQUIREMENTS CHECKLIST

- 1. A completed typed or neatly handwritten application form for the Susan Burdett Scholarship.
- 2. A typed list of church, school and community organizations to which the applicant belongs, including any offices held.
- 3. The following three letters of recommendation are required:
 - a. One letter from the principal, guidance counselor or a teacher from the school the applicant attends or from where the applicant is a graduate.
 - b. Two letters from adults, other than relatives attesting to the applicant's character.
- 4. An original typed essay consisting of no more than 500 words on the topic:
"How I Benefited from Attending Evergreen Girls State"
- 5. A certified transcript of the High School and/or college grades of applicant.
- 6. Please explain on a separate paper if there are special financial hardships or needs that should be taken into consideration.

RULES

1. Applicants must present the completed application packet to their school counselor or their local American Legion Auxiliary Education Chairman prior to **March 1st, 2016**.
2. Judging at all levels shall be on the following basis: character, leadership, scholarship, basis of need, and essay.
3. The Scholarship must be used within twelve (12) months of the date that the winner receives notification from the Department Education Chairman or Department Secretary. Scholarship may be renewed for another year upon reapplication.
4. The Scholarship money must be requested from Department Headquarters with the **Scholarship Payment Form** that will be sent to the recipient.

**American Legion Auxiliary
Susan Burdett Girl's State Scholarship Application**

Name of Applicant: _____ Telephone Number: _____

Address: _____

When did you attend Evergreen Girls State? _____

Occupation of father or stepfather: _____

Annual Gross Income \$ _____ (Include VA benefits, other government compensation, pension etc)

Occupation of mother or stepmother: _____

Annual Gross Income \$ _____ (Include VA benefits, other government compensation, pension etc)

Number of dependent children in the household: Under 18 years of age _____ Over 18 years of age _____

Grade Levels _____

Name of High School and location: _____

Name of institution of higher learning to which you have applied for admittance, if not currently attending:

I hereby apply for the \$1,000.00 Department of Washington Susan Burdett Scholarship. I attest that the information I have submitted in this application and its attachments are accurate. Further, I understand that if I should be awarded this scholarship I am obligated to use the money toward furthering my education within twelve (12) months of my receiving notification of the award. Failure to do so, results in my forfeiting the scholarship and returning the money to the American Legion Auxiliary, Department of Washington.

Signature of Applicant: _____ Date: _____

NOTE: Please be sure to attach all required materials to this application and submit to your high school counselor or local American Legion Auxiliary Unit Education Chairman prior to **March 1st, 2016**.

For local Unit information look in the telephone directory under American Legion or contact the Department Education Chairman Rose Ring at rosering@comcast.net.



FLORENCE LEMCKE MEMORIAL SCHOLARSHIP IN FINE ARTS 2015/2016

Available For Washington State Residents Only

The American Legion Auxiliary, Department of Washington will award one (1) Scholarship of \$1,000.00 for study in Fine Arts. Fine Arts includes Painting, Drawing, Photography, Literature, Architecture, Sculpture, Poetry, Music, Dance, and Drama.

QUALIFICATIONS

1. Candidates for this award must be a Washington resident.
2. Candidates for this award must be a child, grandchild or great-grandchild of a veteran.
3. Must currently be a Senior in high school.

APPLICATION PACKET REQUIREMENTS CHECKLIST

1. A completed application form for the Florence Lemcke Fine Arts Scholarship.
2. A typed list of church, school and community organizations to which the applicant belongs including any office held.
3. The following three letters of recommendation are required:
 - a. One letter from the principal, guidance counselor or teacher of the high school in which the applicant attends.
 - b. Two letters from adults, other than relatives, attesting to the applicant's character.
4. Submit an original essay of no more than 300 words on the topic:
"My proposed course of study and educational goals in the field of Fine Arts are _____."
5. A certified transcript of the high school grades of applicant.
6. A brief statement of the military service of the veteran through whom applicant is eligible:
Include branch of service and dates of service or a photocopy of veteran's discharge papers.

RULES

1. Applicants must present the completed application packet to their school counselor or their local American Legion Auxiliary Education Chairman prior to **March 1st, 2016**.
2. Judging at all levels shall be on the following basis: character, leadership, scholarship, basis of need, and essay.
3. The Scholarship must be used within twelve (12) months of the date that the winner receives notification from the Department Education Chairman or Department Secretary. Scholarship may be renewed for another year upon reapplication.
4. The Scholarship money must be requested from Department Headquarters with the **Scholarship Payment Form** that will be sent to the recipient.

**American Legion Auxiliary, Department of Washington
Florence Lemcke Memorial Scholarship in Fine Arts Application**

Name of Applicant: _____ Telephone Number: _____

Address: _____

Name of veteran by whom applicant is eligible: _____ Relationship: _____

Occupation of father or stepfather: _____

Father/stepfathers annual **gross** income \$ _____

Occupation of mother or stepmother: _____

Mother/stepmothers annual **gross** income \$ _____

Number of dependent children in the household under 18 years of age, _____ over 18 years of age, _____

Grade Levels: _____

Total **monthly** VA benefits, other government compensation, or pension received by parents and/or children living in household: \$ _____

Name of high school/location: _____

Proposed date of graduation: _____

Name and address of institution of higher learning to which you have applied for admittance:

I hereby apply for the \$1,000.00 Florence Lemcke Memorial Fine Arts Scholarship. I attest that the information I have submitted in this application and its attachments are accurate. Further, I understand that if I should be awarded the scholarship I am obligated to use the money toward furthering my education within 12 months of my receiving notification of the award. Failure to do so will result in forfeiture of the scholarship and returning the money to the American Legion Auxiliary, Department of Washington.

Signature of Applicant: _____ Date: _____

NOTE: Please be sure to attach all required materials to this application and submit to your High School Counselor or local American Legion Auxiliary Unit Education Chairman prior to **March 1st, 2016**.

For local Unit information look in the telephone directory under American Legion or contact the Department Education Chairman Rose Ring at rosering@comcast.net.



DEPARTMENT GIFT SCHOLARSHIPS 2015/2016

Available For Washington State Residents Only

The American Legion Auxiliary, Department of Washington will award two (2) Scholarships of \$400.00 each. One \$400.00 Scholarship will be reserved for the Department entry for the National President's Scholarship. The remaining Scholarship will be awarded following the rules stated below.

QUALIFICATIONS

1. Candidates for this award must be in their senior year of an accredited high school. They **cannot** have attended an institution of higher learning. Students who earn college credits while in high school are eligible to apply.
2. They must be a child, grandchild or great-grandchild of a deceased or disabled veteran.

APPLICATION PACKET REQUIREMENTS CHECKLIST

- ___ 1. A completed application form for the Department Gift Scholarship.
- ___ 2. A typed list of church, school and community organizations to which the applicant belongs, including any offices held.
- ___ 3. The following three letters of recommendation are required:
 - a. One letter from the principal, guidance counselor or a teacher of the high school in which the applicant attends.
 - b. Two letters from adults, other than relatives, attesting to the applicant's character.
- ___ 4. An original typed article consisting of no more than 300 words on the topic:
"My Desire to Further My Education"
- ___ 5. A certified transcript of the High School grades of applicant.
- ___ 6. A brief typed statement of the military service of the Veteran through whom applicant is eligible. Include branch of service and dates of service or a photocopy of Veteran's discharge papers.

RULES

1. Applicants must present the completed application packet to their school counselor or their local American Legion Auxiliary Education Chairman prior to **March 1st, 2016**.
2. Judging at all levels shall be on the following basis: character, leadership, scholarship, basis of need, and essay.
3. The Scholarship must be used within twelve (12) months of the date that the winner receives notification from the Department Education Chairman or Department Secretary. Scholarship may be renewed for another year upon reapplication.
4. The Scholarship money must be requested from Department Headquarters with the **Scholarship Payment Form** that will be sent to the recipient.

American Legion Auxiliary, Department of Washington
Department Gift Scholarship Application

Name of Applicant: _____ Telephone Number: _____

Address: _____

Name of veteran by whom applicant is eligible: _____

Relationship to Applicant: _____ Deceased: Yes _____ No _____

If veteran is living, describe type of disability: _____

Occupation of father or stepfather: _____ Annual Gross Income \$ _____

Occupation of mother or stepmother: _____ Annual Gross Income \$ _____

Number of dependent children in the household: under 18 years of age, _____ over 18 years of age, _____

Grade Levels _____

Total **monthly** VA benefits, other government compensation, or pension received by parents and/or children living in household \$ _____

Name of High School /Location: _____

Proposed date of graduation: _____

Name and address of institution of higher learning to which you have applied for admittance:

I hereby apply for the \$400.00 Department of Washington Gift Scholarship. I attest that the information I have submitted in this application and its' attachments is accurate. Further, I understand, should I be awarded the scholarship, I am obligated to use the money toward furthering my education. Failure to do so will result in forfeiting the scholarship and returning the money to the American Legion Auxiliary, Department of Washington.

Signature of Applicant: _____ Date: _____

NOTE: Please be sure to attach all required materials to this application and submit to your High School Counselor or local American Legion Auxiliary Unit Education Chairman prior to **March 1st, 2016**.

For local Unit information look in the telephone directory under American Legion or contact the Department Education Chairman Rose Ring at rosering@comcast.net.