

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK
MONROE COUNTY SCHOLARSHIP APPLICATION**

The Monroe County Committee of the American Legion Auxiliary, Department of New York offers a one year scholarship (\$500) for further study in any field of the student's choice.

This scholarship will be awarded to a male or female, who are United State citizens, not more than 20 years of age, who are in their senior year or graduates from an accredited high school and are in actual need for financial assistance. This scholarship is limited to the children or grandchildren of veterans.

Each entrant shall submit - with the application - the following back-up papers

1. Name and Address
2. School Transcripts
3. Three (3) letters of recommendation from the following:
 - a. School (2) teacher, principal or counselor
 - b. One (1) representative citizen (clergy, civic organizations, neighbor, employer, etc.)

Candidates shall be selected on the following basis:

- | | |
|----------------------------------|--|
| A. CHARACTER:
15% | High standards of conduct, keen sense of right, strength of character, adherence to truth. |
| B. AMERICANISM:
10% | Fine ideals and love of country |
| C. LEADERSHIP:
20% | Ability to lead and accomplish goals through group action. |
| D. SCHOLARSHIP STANDINGS:
25% | Scholastic attainment-include senior year grades and class rank. |
| E. BASIS OF NEED:
30% | Actual need of financial assistance to continue higher education. |

APPLICATIONS ARE TO BE SUBMITTED TO THE UNIT EDUCATION CHAIRMAN BY APRIL 1ST AND TO THE COUNTY EDUCATION CHAIRMAN BY APRIL 15TH.

The scholarship recipient will be presented a suitable certificate in recognition of the award at his/her school's award ceremony or at a regular meeting of the Monroe County American Legion Auxiliary Committee.

**Unit Chairman:
Sandy Seacat
Ely Fagan Unit 1151
10 Amador Parkway
Rochester, NY 14623
seacatala2@yahoo.com
585-622-0972**

***PLEASE PRINT - COMPLETE IN INK OR TYPE IF POSSIBLE**

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW YORK
MONROE COUNTY SCHOLARSHIP APPLICATION**

1. NAME OF APPLICANT: _____

2. ADDRESS: _____

3. DATE OF BIRTH: _____

4. NAME OF VETERAN (Parent/Grandparent) _____

DATE OF BIRTH: _____ If deceased, date of death: _____

5. BRIEF STATEMENT OF VETERAN'S SERVICE:

6. FATHER'S OCCUPATION: _____

ANNUAL SALARY: _____

7. MOTHER'S OCCUPATION: _____

ANNUAL SALARY: _____

If deceased, date of death: _____

If father is deceased and mother remarried, name of stepfather: _____

Occupation: _____ Annual Salary: _____

If both parents are deceaseds person responsible for financial support:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

DATE OF BIRTH: _____

8. NUMBER OF DEPENDENT CHILDREN IN FAMILY: Under 18 _____ Over 18 _____

9. GOVERNMENT PENSION RECEIVED BY:

a. Father \$ _____ Per Month

b. Mother for herself and children \$ _____ Per Month

c. Applicant \$ _____ Per Month

10. HIGH SCHOOL ATTENDED AND GRADUATION DATE: _____

ACTIVITIES (May include a resume)

a. Extra-curricular school activities: _____

b.. Community organizations (Church, Music, Political, etc) _____

c. Employment: _____

11. NAME AND ADDRESS OF SCHOOL APPLICANT MAY/OR WILL ATTEND:

Have you filed an application? Yes _____ No _____ Accepted _____

Total cost of attending for one (1) year: \$ _____

Type of program you expect to enter: _____

2 year Diploma: _____ 4 Year Diploma: _____

Other: Explain _____

UNIT PRESIDENT OR EDUCATION CHAIRMAN: _____

SIGNATURE OF APPLICANT: _____

Revised 12/2022