



AMERICAN LEGION AUXILIARY, DEPARTMENT OF CT
MEMORIAL EDUCATION GRANT
INFORMATION SHEET

DO NOT DETACH THIS COVER SHEET!

Dear Guidance Counselor:

Attached is an application for a \$500.00 Memorial Education Grant, which is being offered by the American Legion Auxiliary, Department of Connecticut. The completed application with this cover sheet and all attachments **MUST** be returned to the Unit President listed below.

Unit President's Name: _____

Address: _____

City/Town: _____ Zip: _____

Phone: _____ e-mail: _____

All completed applications must be returned to the Unit President along with all requirements as soon as possible in order for her to review them before forwarding them to me. They **MUST** be in the Unit President's hands no later than **Friday, March 3, 2017**. You may **make as many copies** of this application as needed. We thank you for helping to distribute these applications to the eligible students.

Sincerely,

Joe Ann P. Jackson
American Legion Auxiliary
Department Education Chairman
110 Turnbull Rd.
New Hartford CT 06057
860-841-8485 – cell

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF CT
MEMORIAL EDUCATION GRANT – INFORMATION SHEET
DO NOT DETACH INFORMATION SHEET FROM APPLICATION**

OBJECTIVE: At least FOUR \$500.00 Department Memorial Education Grants are to be awarded by The American Legion Auxiliary, Department of Connecticut. One-half to assist Veterans' Children to secure an education, beyond the high school level. The other half of the Grants to be awarded to a child or grandchild of a member of the American Legion/American Legion Auxiliary, Department of Connecticut (or a member at the time of their death), or to the child or grandchild who is a member of the American Legion Auxiliary or Sons of The American Legion, Department of Connecticut.

NAME OF EDUCATION GRANTS: These Education Grants shall be called MEMORIAL EDUCATION GRANTS in honor of all deceased American Legion Auxiliary members.

ELIGIBILITY: Candidates –

- A. Must be a child of a Veteran **and** a resident of Connecticut, **OR**
- B. Must be a child/grandchild of a member of The American Legion/American Legion Auxiliary, Dept. of Connecticut (no residency required for applicant), or of whom was a member at the time of their death, **OR**
- C. Must be a member of the American Legion Auxiliary or Sons of the American Legion, Dept. of Connecticut (no residency required for applicant).
- D. Must be between the ages of 16 and 23 years of age.
- E. Must show need of financial assistance to continue education.
- F. Must have a high school education or its equivalent and be enrolled in or eligible for entry into a university, college, technical school or professional school, which meets the approval of the committee.

APPLICATION: Completed application, together with transcript of marks **to include current year's grades, two (2) current letters of recommendation and essay, ALL in one envelope, MUST BE MAILED TO THE UNIT PRESIDENT** (address on the cover sheet) by **Friday, March 3, 2017.**

1. Secure letters of recommendation from 2 of the 3 sources (must be dated during the current school year):
 - a. The applicant's guidance counselor or college advisor.
 - b. Spiritual advisor or clergyman of church applicant attends.
 - c. Another adult citizen who is acquainted with the applicant but **NOT** a relative or connected with The American Legion, American Legion Auxiliary or the Sons of The American Legion. Employers or directors of volunteer groups with which the applicant works are acceptable.
2. An original article consisting of no more than 1,000 words (typed, double-spaced). The title of the article/essay will be **"How Military Families are Keeping the Promise to Preserve our Freedom."**
3. Please attach a list of school and community activities on a separate piece of paper.

This application MUST be signed by the American Legion Auxiliary President whose name appears on the cover sheet or the American Legion Auxiliary President or Secretary in the town in which you reside or the Unit where parents, grandparents or applicant are members.

All these rules MUST be followed exactly to be eligible! All information will be kept confidential.

APPLICATION FOR AN AMERICAN LEGION AUXILIARY MEMORIAL EDUCATION GRANT

1. Name of Applicant _____
Address _____
City/Town _____ Zip _____ Date of Birth _____
Phone _____ (H) _____ (C) _____
Email _____
2. Name of Parent/Person by which applicant is eligible _____
Relationship _____ Living Deceased Divorced
3. A copy of the DD214 (discharge papers) of Veteran under whom you are eligible. Social Security number may be whited out.
4. Number of dependent children in family _____ Number under 18 years _____
Number over 18 years _____ Explain why dependent _____

5. Occupation of Father/Stepfather _____ Annual Income _____
Occupation of Mother/Stepmother _____ Annual Income _____
Occupation of Husband/Wife _____ Annual Income _____
6. Compensation or Pension received by Parent: \$ _____ and/or children: \$ _____
7. Are you eligible for Survivor's or Dependent's Education Benefits? Yes No
8. Are you eligible for or drawing Social Security payments? Yes No Amount \$ _____
9. Are Parents/Grandparents members of The American Legion? Yes No
or American Legion Auxiliary? Yes No If Yes, number of Post or Unit _____
Town _____ Current membership card # _____
10. Are you a member of the American Legion Auxiliary? Yes No or Sons of The American
Legion? Yes No If yes, number of Unit or Squadron _____
Town _____ Current membership card # _____
11. College, University or Technical School the applicant plans to attend _____
Location _____ The applicant plans to pursue _____
12. Date of graduation from High School _____

PLEASE TURN OVER AND CONTINUE ON BACK

13. Have you ever applied for or been awarded another scholarship or grant? Yes No
If Yes, list amount: \$_____. When? _____

14. Cost of tuition for schooling for the coming year: \$_____

SIGNATURE OF APPLICANT _____ **DATE** _____

Phone _____ (H) _____ (C)

Email _____

Please be sure that:

- You have checked application carefully;
- All requirements listed on the attached information sheet have been met;
- You have signed the application.

Mail completed application and information requirements to the Unit President (address on cover page one).

To be completed by Unit Presidents or Secretaries after the application has been completed:

I have checked this application and find the information is complete and correct.

Unit President or Secretary Name _____ Unit _____

Unit President or Secretary SIGNATURE _____ Date _____

Address _____ Zip _____

Phone _____ (H) _____ (C)

Email _____

NOTE: Unit President or Secretary, please return COMPLETED application and attached cover and information sheets, together with transcript of marks, essay, and letters of recommendation, ALL in one envelope, postmarked no later than March 17th, 2017, to:

Joe Ann P. Jackson
110 Turnbull Rd.
New Hartford CT 06057