

MEMORIAL EDUCATION GRANT

PAST PRESIDENTS PARLEY MEMORIAL EDUCATION GRANT

DO NOT DETACH THIS COVER SHEET!

Dear Guidance Counselor:

Attached is an application for a \$500.00 Education Grant, which is being offered by the American Legion Auxiliary Past Presidents Parley. These applications **MUST** be returned to the Unit President listed below.

Unit President's Name: _____

Address: _____

City/Town: _____ Zip: _____

Phone: _____ e-mail: _____

All 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 the chairman. They **must** be in the Unit President's hands no later than **February 22, 2017**.

You may **make as many copies** of this application as needed (all pages). We thank you for helping to distribute these applications to the eligible students. Application may also be found on www.ala.weebly.org under the Document and Forms section.

Sincerely,

Joyce Brinley
Past Presidents Parley Education Grant Chairman

**AMERICAN LEGION AUXILIARY
PAST PRESIDENTS' PARLEY EDUCATION GRANT
INFORMATION FOR UNITS AND APPLICANTS**

A \$500.00 maximum grant will be awarded for the year 2016-2017 by the PAST PRESIDENTS' PARLEY to assist a child, grandchild or great grandchild of an ex-service WOMAN, who is a member for at least 3 years in The American Legion/American Legion Auxiliary, Department of Connecticut, or who was a member for three (3) years prior to their death, to secure an education beyond the high school level.

In the event there are not enough applicants from ex-service woman's children, grandchildren or great grandchildren, the scholarship grant will be awarded to the child, grandchild or great grandchild of a member of The American Legion/American Legion Auxiliary, Department of Connecticut, who has been a member for three (3) years or was a member for the three (3) years prior to their death, or a child, grandchild or great grandchild that is a member of the American Legion Auxiliary/Sons of The American Legion, Department of Connecticut for at least three (3) years.

At least one Grant will be for a Nursing Student.

RULES:

1. Applicant must not be over 23 years of age and in an undergraduate program.
2. Applicant must show need of financial assistance. (Please be sure all financial questions on application are properly filled out showing any exceptional needs.)
3. Have a high school education, or its equivalent, and be enrolled or be eligible for entry into a university, college, technical school or a professional school that meets the approval of the committee.

APPLICATION:

1. Completed application together with current transcript of marks and three (3) current letters of recommendation, all in one envelope, must be returned to the Unit President (address on cover sheet) by **February 27, 2017**.
2. Secure **three current** letters of recommendation from:
 - A. Applicants guidance counselor, or if applicant attends college – a letter from college adviser.
 - B. Spiritual adviser or Clergyman of the church the applicant attends OR an essay of 250 – 500 words on "What God and Country means to Me".
 - 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, along with teachers or school personnel.
3. Please attach a list of school and community activities.
4. The three members of the Scholarship Grant Committee shall make the final selections.
5. The winners will be announced at the Annual Past Presidents' Parley Spring Meeting.
6. All rules MUST be followed exactly to be eligible:

Each unit is responsible for the applicant's packet and **MUST** check to verify that all necessary information has been included. Unit President or Secretary: Please return this signed completed application postmarked by **March 1, 2017** and received no later than **March 3, 2017** to:

Joyce Brinley
American Legion Auxiliary, Parley Education Chairman
16 Pepperbush Drive, Clinton, CT 06413- 1153
860-669-0336 e-mail: graciepd89@gmail.com

AMERICAN LEGION AUXILIARY
DEPARTMENT OF CONNECTICUT

APPLICATION FOR PAST PRESIDENTS' PARLEY EDUCATION GRANT
2016-2017

1. Name of Applicant _____

Address _____

City/Town _____ Zip _____ Date of Birth _____

2. Name of person by which applicant is eligible _____

Relationship _____ Living () Deceased ()

Is/was the person a member of CT The American Legion () CT American Legion Auxiliary
() Number of CT AL Post _____ Number of the CT ALA Unit _____ # of years of membership _____

3. Do you qualify for eligibility under an Ex-Service Woman? Yes () No ()

If yes, is she a member of CT The American Legion () CT American Legion Auxiliary ()?

Number of Post or Unit _____ of years of membership _____

4. Are you a member of the CT American Legion Auxiliary () or CT Sons of The American Legion ()

Number of Unit _____ Number of Squadron _____ # of years of membership _____

Current membership card number _____

5. Number of dependent children in family: Number OVER 18 years _____

Explain why Dependent _____

Number UNDER 18 years of age _____

6. Occupation of Father/Stepfather _____ Annual Income _____

Occupation of Mother/Stepmother _____ Annual Income _____

Occupation of Husband/Wife _____ Annual Income _____

7. Compensation or pension received by parent \$ _____ and/or children \$ _____

8. Are you eligible for Survivors and Dependents Education Benefits? _____

9. Date of Graduation from High School _____

10. College, University or Technical School applicant will attend is _____

Location _____

11. Degree and career field applicant plans to pursue _____

12. Approximate expenses of schooling for the coming year \$ _____

13. Approximate earnings of the applicant during the year Jan. 2016 through Dec. 2017. \$ _____

SIGNATURE of Applicant _____

Date _____ Phone: _____ e-mail: _____

Please check application carefully. Be sure all requirements listed on attached sheet are completed and it is properly signed. Return to Unit President listed on cover letter by **February 27, 2017**.

TO BE COMPLETED BY UNIT PRESIDENT OR SECRETARY:

I have checked this application along with the transcript of marks and 3 letters of recommendation or 2 letters of recommendation and an essay, list of activities and find the information to be complete and correct.

Unit President's or Secretary's Signature _____ Unit # _____

If President or Secretary is unavailable, Education Chairman may sign.

Address _____

Phone _____ Date _____

NOTE: Unit President or Secretary – return application and attached information sheet together with transcript of marks and letters of recommendation **ALL IN ONE ENVELOPE** postmarked no later than **March 1, 2017** to be received no later than **March 3, 2017** to:

Parley Education Chairman:

Joyce Brinley

16 Pepperbush Drive

Clinton, CT 06413- 1153

860-669-0336

e-mail: graciepdp89@gmail.com