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**American Legion Auxiliary**

**Department of Pennsylvania**

PO Box 1285 Camp Hill PA 17001

Phone # 717-763-7545 Fax # 717-763-0617

Email: [PAHQ@pa-ala.org](mailto:PAHQ@pa-ala.org)

**American Legion Auxiliary Department of Pennsylvania 2022 Scholarships**

**Scholarship** **A** – Candidates for this award shall be daughters, sons, granddaughters, grandsons, great-granddaughters, or great-grandsons of a deceased or totally disabled Veteran in the United States Armed Forces during eligibility dates for membership in The American Legion: April 6, 1917 to November 11, 1918, and any time after December 7, 1941.

**Scholarship B** – Candidates for this award shall be daughters, sons, granddaughters, grandsons, great-granddaughters, or great-grandsons of a **living Veteran** any time after December 7, 1941.

* **Must be a Resident of Pennsylvania**
* **A senior in an accredited High School or an accredited learning institution (includes Charter Schools and Home Schools) in Pennsylvania**
* **Financially unable to continue her/his education**

Each scholarship is worth $600.00 a year for a maximum of four years. The first payment of $300.00 is payable at the beginning of the academic year to **a College, University or Trade School in Pennsylvania.** The second payment of$300.00 is paid after January 1st. The maximum total of each scholarship is $2,400.00, with continued enrollment and maintaining the high standards of those qualities upon which the applicant was selected.

The Student must send before each semester; a copy of their tuition bill, Name and Address of where to send the scholarship money to and a copy of their transcript to ALA Department of PA office.

For more information contact the Education Chairperson, Carole Aldinger.

67 Ditzler Ave Biglerville PA 17307

[aldinger.c@yahoo.com](mailto:frances_keener@yahoo.com)

717-677-4842

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**DEPARTMENT OF PENNSYLVANIA**

**2021 SCHOLARSHIP APPLICATION**

1. Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Photo of Applicant (Please attach a 4 x 6 photo)
4. Branch and years of Service for parent or grandparent (World War I (April 6, 1917 to November 11, 1918) and any time after December 7, 1941).
   1. Copy of DD214
   2. Copy of discharge papers
5. Name of current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Address of current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Current Class rank \_\_\_\_\_\_\_\_\_\_ Total number in class \_\_\_\_\_\_\_\_\_\_\_ Current GPA \_\_\_\_\_\_\_\_\_\_
8. Applicant’s High School grades
9. Name of accredited Pennsylvania College, University, and Trade School where applicant has been accepted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of accredited Pennsylvania College, University, and Trade School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Three letters of recommendation (required)**:
   1. Letter from Principal or Guidance counselor of the school from which the applicant will graduate. This letter must include the size of class, student’s position in the class and total grade point average (or applicants homeschool equivalent).
   2. Two letters from adult citizens, not related to the applicant attesting to character, conduct, citizenship, leadership and basis of need (examples include clergy, youth origination, etc.).
2. **Two Essays (required) 500 words minimum typed and double spaced:**
   1. “Why would receiving this scholarship be important to you?”
   2. What being an American means to you and what values and responsibilities should an American portray?
3. **Any additional data** attesting to the applicant’s qualifications. Such as extra-curricular activities or participation in civic activities.

**The candidate will be selected based on the following qualifications: Character, Americanism, Leadership, Academics and basis of need (scholarship B).**

**Applications must present completed application to the Department Chairperson on or before June 1, 2022.**

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**DEPARTMENT OF PENNSYLVANIA**

**2021 SCHOLARSHIP APPLICATION**

**Name of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name) (First name) (Middle name)

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(MM/DD/YYYY)

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Mother or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Father or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholarship A** (Deceased or totally disabled Veteran):

I qualify through (select one):

**Deceased Veteran**:

Date and place of death (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Totally Disabled Veteran**:

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach letter from the Veterans Administration establishing service-connected disability)

**Scholarship B** (Living Veteran):

**Mother or Guardians Info**: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father or Guardians Info**: Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of people in the family**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_