

Applicant's Name: _____

The American Legion Family Scholarship

2018-2019 Grant Application



Sponsored By:

**The American Legion
Department of Indiana**

(Revised May 2018)

Applicant's Name: _____

Eligibility

Eligibility for The American Legion Family Scholarship (ALFS) is open to the children and grandchildren of current members in good standing of The American Legion, American Legion Auxiliary, and the Sons of The American Legion; and the children and grandchildren of members who are deceased and who, at the time of death, were current members in good standing of either of the above qualifying organizations. Applicant's residence (home of record), must be within the State of Indiana. A maximum of eight (8) scholarships are awarded annually. **Previous ALFS scholarship recipients may not reapply.**

Instructions for Completing the Application

1. **Completed applications must be received at the Department Headquarters office address no later than 4:00 p.m., Monday, April 1, 2019. APPLICATIONS RECEIVED AFTER THE DEADLINE, INCOMPLETE OR ILLEGIBLE WILL BE DISQUALIFIED.**
2. Complete the application only if you are enrolled in, or have been accepted for enrollment, at a State of Federally accredited Institution of Higher Education (university, college, junior college, community college or technical school), located and operating in the United State of America.
3. Application form **MUST** be completed in English. Please type or print all requested information clearly.
4. Do not omit any information. If a question does not apply, enter N/A.
5. Submit all required signatures and certifications. Applications submitted without all requested signatures and certifications cannot be considered, and will be returned.
6. Submit all requested attachments. Applications submitted without all requested attachments will **NOT** be considered, and will be returned.
7. If additional sheets are required for item #16, please attach them to the application.
8. Item #15 requests permission for release of information for publicity purposes. Applicants are encouraged but not required to grant such permission, and such permission is not a condition of the award. If permission is granted, only the name, photograph of the award recipient, and selected portions of the essay may be used. All other information on the applications will be kept in strictest confidence, and not released.
9. The completed application (Page #1 thru #6), along with any other associated attachments or documents, is to be submitted to the Department Headquarters office, utilizing one of the available options detailed on page 7.

Applicant's Name: _____

American Legion Family Scholarship Application

1. Name: _____
2. Address: - - -
 - a. Street: _____
 - b. City, State & Zip: _____
3. Telephone Number(s) - - -
 - a. Home: _____
 - b. Cell: _____
4. E-mail Address: _____
5. Date of Birth: _____
6. Social Security Number: _____
7. Citizenship (check one): U.S.: _____ Other: _____
 - a. If "Other", specify: _____
8. Marital Status (check one): Married: _____ Single: _____
9. Institution of Higher Learning Applicant Plans to Attend:
 - a. Name: _____
 - b. Address: _____
 - c. City, State, Zip Code: _____
 - d. Telephone Number: _____
 - e. Degree Pursuing/Course of Study: _____
10. Certification of Eligibility:
 - a. Name of Qualified Current Member:

 - b. Signature: _____

Applicant's Name: _____

c. Qualified Current Member's Organization (check as applicable):

i. The American Legion: _____

ii. The American Legion Auxiliary: _____

iii. The Sons of the American Legion (SAL) _____

d. Qualified Current Member ID No. _____

e. If Deceased, Member's Date of Death _____
MM/DD/YYYY)

f. Applicant's relationship to Qualified Current Member
(Check one as applicable)?

Child: _____ Grandchild: _____

11. Is this your first application for ALFS Grant (check one as applicable)?

YES: _____ NO: _____

If No, Indicate Previous Year: _____

12. List Extra-Curricular Activities, Awards, Special Achievements, etc.
(Attach additional sheets if necessary):

13. Grade Point Average (Attach Copy of Transcript): _____

NOTE: Winners normally have a GPA of 3.5 or greater

Applicant's Name: _____

14. If you receive an ALFS scholarship, will you permit the use of your name, likeness and excerpts from your essay for publicity purposes by The American Legion (check one)?

YES: _____

NO: _____

15. Please submit an essay of at least 500 words describing the reasons why you wish to be considered for the ALFS, the purpose to which the grant will be put, your relationship to the Legion family and what it has meant to you, and most importantly; how the citizens of Indiana and the men and women of The American Legion Family will benefit in the future from your having achieved your educational goals with the assistance of the American Legion Family Scholarship.

Applicant's Statement

It is understood and agreed to by _____ that:

1. Any funds granted to the above-named applicant by The American Legion Family Scholarship program, shall be paid to the applicable educational institution and the above-named applicant.
2. Any funds granted to the above-named applicant may only be used at a State or federally accredited Institution of higher education located and operating in the United States of America.
3. Grant funds may be used at the recipient's description, for any purpose directly related to the pursuit of a post-secondary education.
4. The above-named applicant will forward copies of purchase agreements/and or receipts for all uses of the grant other than for the payment of tuition and fees.
5. The above-named applicant will verify payment of tuition and fees by copy of a class schedule provided to The American Legion Family Scholarship.
6. The above-named applicant will forward a copy of his/her grades at mid-term and at the end of the academic year, to The American Legion Department of Indiana, Attn: ALFS, 5440 Herbert Lord Road, Indianapolis, IN 46216-2119. Reference page #7 for a list of acceptable delivery options.

Applicant's Name: _____

7. If, for any reason, the above-named applicant does not complete the academic year for which the ALFS grant is awarded, said named applicant agrees to immediately return all unused portions of the grant to the American Legion Family Scholarship program.
8. The above-named applicant hereby certifies that:
 - a. To the best of his/her knowledge, the information submitted is true and correct.
 - b. Proceeds from any grant will be used for the authorized purposes specified.
 - c. He/she will comply with all conditions set forth for the ALFS in this application.

Date: _____ Signature: _____

Certification by Academic Advisor

The applicant is a student at the following high school or institution of higher learning:

If still attending high school, the above-named applicant has applied to, and been accepted by, a qualifying institution of higher learning.

The above-named applicant has satisfactorily completed the necessary courses of instruction to prepare him or her to attain his or her future education goals.

The above-named applicant is a student in good standing at the above-named institution.

Signature: _____

Title: _____

Date: _____

Daytime Telephone Number: _____

Applicant's Name: _____

Acceptable Submission Options

The completed application (Page #1 thru #6), along with any other associated attachments or documents, is to be submitted to the Department Headquarters office, utilizing any one of the following available options.

- a. Personally deliver or mail your application to:

**The American Legion Department of Indiana
Attn: American Legion Family Scholarship
5440 Herbert Lord Road
Indianapolis, IN 46216-2119**

- b. Or, fax your application to **(317) 237-9891**.
- c. Or, email your application to bmiller@indianalegion.org.

Should you have any questions or concerns, contact Butch Miller, Department Program Director – (317) 630-1391.