



American Legion Auxiliary, Department of Michigan

MEDICAL CAREER SCHOLARSHIP

DEADLINE--POSTMARKED NO LATER THAN MARCH 15, 2019

FURTHER INFORMATION MAY BE OBTAINED BY:

Phone: (517) 267-8809; Fax (517) 371-3698; or email: info@michalaux.org

Applications available at www.michalaux.org

Scholarships shall be for training men and women for medical careers.

ELIGIBILITY: Candidates shall be daughters, granddaughters, great-granddaughters, sons, grandsons, great grandsons, of honorably discharged or deceased men or women veterans of World War I, April 6, 1917 – November 11, 1918; World War II, December 7, 1941 - December 31, 1946; Korean Conflict, June 25, 1950 - January 31, 1955; Vietnam Hostilities, February 28, 1961 - May 7, 1975; Grenada and Lebanon Hostilities, August 24, 1982 - July 31, 1984; Panama Hostilities, December 2, 1989 - January 31, 1990; Persian Gulf, August 2, 1990 to Date to be set by Congress.

SCHOLARSHIPS SHALL BE IN THE AMOUNT OF \$500.00 AND FOR ONE YEAR ONLY. The scholarship award shall be forfeited immediately upon advice from the Dean or other authorized officials of said institution, for failure to continue with classes because of misconduct, scholastic deficiency or other disqualifying cause. Should a recipient drop out during the year, he/she must repay the American Legion Auxiliary the unused portion of the scholarship.

DESCRIPTION OF GRANT - The \$500.00 grant is to apply toward the expense of tuition, room and board fees, books and supplies necessary for pursuit of study at any school, college, or other education institution **in the State of Michigan.**

APPLICANTS SHOULD BE IN THE TOP QUARTER OF THEIR CLASS. Scholarships restricted to students going into, or completing their senior year of high school and entering their first year of college who qualify and are in need of assistance. Therefore, complete information must be given as to the applicant's family financial status. This information will be kept confidential.

Applicants must be a resident of the State of Michigan at the time of application and for one year preceding the date of filing application. **Scholarship must be used in a school in Michigan.**

Please complete all questions on the application. If not applicable, please indicate so with N/A.

INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY ELIMINATED.

Winners will be notified following judging of scholarship applications. If you have not received notification by July 30, feel free to call the Department of Michigan Auxiliary Headquarters, 517-267-8809 ext. 21.

ACCEPTANCE NOTIFICATION - Upon notification, scholarship winners shall notify the American Legion Auxiliary Headquarters (address above) by **July 30, 2019** of acceptance or non-acceptance of the scholarship, or the award shall be forfeited and all benefits terminated. Recipients must send complete name and address of the office of Financial Aid of the school he/she will attend. Two \$250.00 scholarship checks will be sent from the American Legion Auxiliary Headquarters **in August and late November** and it will be deposited in the winner's name at the school he/she will attend.

Applications will be taken into consideration by the judging committee using the following scale:

1. Grades of student
2. Financial Need
3. Degree of interest of applicant
4. Three (3) letters of recommendation

THE FOLLOWING MUST ACCOMPANY APPLICATION:

1. A copy of the veteran's discharge papers showing date of induction or enlistment and date of separation. If you do not have a copy of the veterans discharge papers, they may be obtained in the following ways:

May be obtained from the County Clerk's Office where veteran resides

If the veterans lived in Michigan and received a Michigan bonus, you may apply to the Michigan Veterans Trust Fund, P.O. Box 30026, Lansing, MI 48909.

If she/he has not filed the DD-214 with the local clerk, a copy may be obtained by going to www.archives.gov and requesting the military service records. If the DD-214 is unavailable, a Form SF-180, Request Pertaining to Military Records can be obtained from the same website.

Please note, however, only the veteran may request a copy of the document unless she/he is deceased.

It will take 6-8 weeks to obtain copies of these documents. SO ACT PROMPTLY

2. Three letters of recommendation – (from principal or counselor, clergyman, or unrelated person knowing of the applicant's character).
3. Copy of High School Transcript
4. A copy of Income Tax Form 1040 (pages 1&2) for 2017 or 2018 or a Federal FAFSA Form completed in 2018.

NOTE: ANYONE APPLYING FOR THIS MEDICAL CAREER SCHOLARSHIP MAY NOT ACCEPT ANY OTHER SCHOLARSHIP FROM THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF MICHIGAN.

MAIL COMPLETED SCHOLARSHIP APPLICATION WITH REQUIRED ATTACHMENTS TO:

**American Legion Auxiliary Dept of Michigan
ATTN: Medical Career Scholarship
212 N. Verlinden Ave, Suite B
Lansing, MI 48915**



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Name _____

Home Address _____ City _____ Zip _____

Phone Number (include area code) _____ Birth Date _____

Grade Point Average _____

Application for (check one):

Registered Nurse _____ Licensed Practical Nurse _____
Physical Therapists _____ Respiratory Therapists _____
Other _____

Applicant's relationship to the Veteran: _____

Veteran Served in: _____ World War I, April 6, 1917 - November 11, 1918
_____ World War II, December 7, 1941 - December 31, 1946
_____ Korean Conflict, June 25, 1950 - January 31, 1955
_____ Vietnam Hostilities, February 28, 1961 - May 7, 1975
_____ Grenada & Lebanon, August 24, 1982 - July 31, 1984
_____ Panama Hostilities, December 2, 1989 - January 31, 1990
_____ Persian Gulf, August 2, 1990 to Date to be set by Congress

What medical career school in Michigan do you plan to attend? _____

Address _____ City _____ Zip _____

ACCEPTED _____ PENDING _____

INCOME INFORMATION

Mother Name _____
Place of Employment _____
Occupation _____
W2/1099 Income _____

Father Name _____
Place of Employment _____
Occupation _____
W2/1099 Income _____

OTHER INCOME:

Alimony _____
Social Security Benefits _____
Pension/Retirement _____
Child Support _____
Other Income _____
Total Household Gross Incomes _____

Alimony _____
Social Security Benefits _____
Pension/Retirement _____
Child Support _____
Other Income _____

Number of DEPENDENT CHILDREN at home (including yourself) _____

How many are in high school? _____ How many are in College? _____

What plans have you and your family made for financing your education? _____

Have you been granted other scholarships? Yes _____ No _____, if yes, describe source, amount, and duration.

If your education was interrupted because of illness, employment, or travel, please describe the circumstances.

List extra-curricular activities _____

Describe briefly how you became interested in a medical career _____

I agree to enter a basic medical career program if I am awarded this scholarship. In the event I do not complete the year I promise to repay to the American Legion Auxiliary the unused portion of the scholarship.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Be sure to include:

1. Completed Application Form
2. Copy of Veteran's Discharge papers (may be obtained from County Clerk's Office where veteran resides)
3. Copy of High School Transcript
4. Copy of Parent/Guardian's Income Tax Form (1040 pages 1&2) for 2017 or 2018 or a Federal FAFSA Form completed in 2018.
Please blacken out Social Security Numbers for privacy purposes.
5. Three (3) letters of recommendation

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