



*American Legion Auxiliary, Department of Michigan*

**MEDICAL CAREER SCHOLARSHIP**

**DEADLINE--POSTMARKED NO LATER THAN MARCH 15, 2020**

FURTHER INFORMATION MAY BE OBTAINED BY:

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

**Applications available at [www.michalaux.org](http://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, 2020** 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](http://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 2019.

**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 2019.  
Please blacken out Social Security Numbers for privacy purposes.
5. Three (3) letters of recommendation

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