**DEADLINE—MUST BE POSTMARKED NO LATER THAN MARCH 15, 2023**

FURTHER INFORMATION MAY BE OBTAINED BY:

Phone: (517) 267-8809 Ext. 21, Fax (517) 371-3698

email: [info@michalaaux.org](mailto:info@michalaux.org)

Applications available on the Website at: www.[michalaux.org](http://michalaux.org)

**ELIGIBILITY**:

1. Daughters, granddaughters, great-granddaughters, sons, grandsons, great-grandsons, wives, husbands or widows of honorably discharged and/or deceased male or female veterans of: (please check where veteran served)

\_\_\_\_\_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 February 29, 1991

**DESCRIPTION OF GRANT:** The grant is for one year only in the amount of $1,000.00. It can be applied toward the expense of tuition, room and board fees, books and supplies necessary for pursuit of study in the Medical field at any school, college, or other educational institution in the **State of Michigan**.

**RULES**: Applicants should be in the top quarter of their class. The scholarship is restricted to students going into or completing their senior year of high school and entering their first year of college. Applicants must qualify and be in need of assistance. Complete financial information must be provided by the applicants family. 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 the application.

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.

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

**INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY ELIMINATED**

Recipients will be notified following judging of scholarship applications. If you have not received notification by July 30, please contact the Department of Michigan Auxiliary Headquarters at 517.267.8809 ext. 121 or email [info@michalaux.org](mailto:info@michalaux.org)

**ACCEPTANCE NOTIFICATION:** Upon notification, scholarship winners shall accept or decline the scholarship by contacting the American Legion Auxiliary Department of Michigan Headquarters by **July 30, 2023**, 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 $500.00 scholarship checks will be sent by the American Legion Auxiliary Department of Michigan Headquarters in **August and late November** and will be deposited in the recipient’s name at the qualifying school they have chosen to attend.

Applications will be evaluated by the judging committee using the following scale:

1. Grades of student
2. Financial need
3. Degree/level of interest of applicant
4. The 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. (May be obtained from the County Clerk's Office where veteran resides.) If you do not have a copy of the veteran’s discharge papers you have the following alternatives:
   1. If the veteran lived in Michigan and received a Michigan bonus, you may apply to the Michigan Veterans Trust Fund, P.O. Box 30026, Lansing, Ml 48909.
   2. 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 is available on the same website.

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

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

1. Transcript of grades (high school transcript if in high school, college transcript if in college).
2. Three letters of recommendation—from principal, counselor, educator, clergyman or unrelated person who will vouch for applicant’s character.
3. A copy of the Income Tax form 1040 (pages 1 & 2) for 2021 or 2022 or a Federal FAFSA Form completed in 2022 or 2023.

**NOTE: AN APPLICANT WHO APPLIES FOR THIS MEDICAL CAREER SCHOLARSHIP MAY NOT ACCEPT ANY OTHER SCHOLARSHIP FROM THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF MICHIGAN.**

**APPLICANT INFORMATION:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_

Phone Number (include area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s relationship to the qualifying Veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the American Legion Family? Yes No

Please circle one

**SCHOLASTIC INFORMATION:**

Date graduated from High School \_\_\_\_\_\_\_\_\_\_\_ Grade Point Average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you attended college? Yes No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle one

Please submit work history if it has been more than five years since you attended school.

Name and address of qualifying Institution planning to attend:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Accepted \_\_\_\_\_\_\_\_\_\_ Pending \_\_\_\_\_\_\_\_\_\_\_

Area of Study (check one):

Registered Nurse\_\_\_\_\_\_\_\_ Licensed Practical Nurse\_\_\_\_\_\_\_\_

Physical Therapist\_\_\_\_\_\_\_ Respiratory Therapist\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME INFORMATION:**

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

W2/1099 Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_ W2/1099 Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INCOME:

Alimony\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Benefits\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pension/Retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension/Retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Household Gross 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INITIATIVE/GOALS AND COMMUNITY SERVICE

**On a separate sheet of paper, please tell us:**

Briefly describe how you became interested in a medical career.

If you have previously attended, why was your education interrupted?

Why should we select you for this scholarship?

Please list your extra-curricular activities.

Please describe any community service where you participated.

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 the American Legion Auxiliary any unused portion of the funds the scholarship provided.

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

Applicant’s Signature Date

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

Parent/Guardian Signature Date

**Be sure to include:**

1. Completed Application Form
2. Copy of Veteran’s discharge paperwork
3. Copy of High School transcript
4. Copy of Parent/Guardian’s Income Tax form-social security numbers can be redacted
5. Three (3) letters of recommendation

MAIL/EMAIL COMPLETED SCHOLARSHIP APPLICATION WITH REQUIRED ATTACHMENTS TO:

**American Legion Auxiliary, Department of Michigan**

**Attn: Medical Career Scholarship**

**212 N Verlinden Ave, Suite B**

**Lansing, MI 48915**

[info@michalaux.org](mailto:infor@michalaux.org)