FURTHER INFORMATION MAY BE OBTAINED BY:

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

email: info@michalaaux.org

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

**Deadline: Must be received by Sponsoring Unit by March 10, 2024**

**Must be received by Department Office by March 15, 2024**

**ELIGIBILITY**:

1. Applicant must be a descendent of a veteran.

**REQUIREMENTS**:

Applicant must meet one of the following:

* A non-traditional student returning to the classroom after some period of time in which her/his education was interrupted. A student will only be considered if this is the first time “returning” after an interruption.
* A student over the age of twenty-two attending college for the first time pursuing a degree, or
* A student over the age of twenty-two attending a vocational or trade school.

**DESCRIPTION OF GRANT**: This scholarship was given by Allen Park Auxiliary Unit 409 as a memorial to Aletha (Lee) Harvey (deceased) Unit Education Chairman from 1977 to 1998 and other deceased members of Unit 409. One 2-year scholarship will be awarded in the amount of $500.00 per year.

**RULES**: Scholarship must be used within six months of the recipient notification. The grant is to be applied toward the expenses of tuition and/or books necessary to pursue study at any school, college or other educational institution in the State of Michigan. No Unit shall enter more than one candidate in the Department competition.

Judging will be based on the following:

 Need 25% Scholastic Standing 25%

 Initiative/Goal 25% Character/Leadership 25%

INCOMPLETE APPLICATIONS WILL BE **AUTOMATICALLY** ELIMINATED

The selection of the judging committee shall be final.

**A Complete Application Packet consist of the following four items:**

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**.

2. Transcript of grades (high school transcript if in high school, college transcript if in college).

3. Copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid

Report (SAR). If FAFSA is unavailable a copy of Parent’s and applicant’s 2023 or 2024 Federal Income Tax Return will be accepted. It is permissible to redact Social Security numbers.

4. Completed and signed Non-Traditional Student Application.

MAIL/EMAIL COMPLETED SCHOLARSHIP APPLICATION PACKET TO:

**Your local American Legion Auxiliary Unit prior to March 11, 2024**.

If you need assistance with determining your local Unit, please contact:

American Legion Auxiliary Department of Michigan

ATTN: Non-Traditional Scholarship Committee

212 N Verlinden Ave, Suite B

Lansing, MI 48915

info@michalaux.org

 INCOMPLETE APPLICATIONS WILL BE **AUTOMATICALLY** ELIMINATED

The selection of the judging committee shall be final.

**APPLICATION**

APPLICANT INFORMATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP CODE\_\_\_\_\_\_\_

HOME NUMBER (include area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDATE\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT'S RELATIONSHIP TO VETERAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Please circle one

SCHOLASTIC INFORMATION

Date graduated from High School \_\_\_\_\_\_\_\_\_\_\_

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

 Please circle one

Name of Institution attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INCOME INFORMATION:

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

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

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

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? \_\_\_\_\_\_\_\_\_\_

INITIATIVE/GOALS AND COMMUNITY SERVICE

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

Why you decided to attend College at this time.

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

 Why should we select you for this scholarship?

 Please describe any community service when you participated.

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

 Applicant’s Signature Date

**This portion to be completed by the sponsoring unit**

The entry chosen by each Unit shall be certified by the American Legion Auxiliary President or the Education Chairman. Then mailed to:

American Legion Auxiliary, Department of Michigan

Attn: Executive Director

212 N Verlinden Ave Suite B

Lansing, MI 48915

info@michalaux.org

Unit Name and Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Unit President Signature of Education Chairperson