



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF MICHIGAN
2024-2025 MEDICAL CAREER SCHOLARSHIP**

DEADLINE—MUST BE POSTMARKED NO LATER THAN MARCH 14, 2025

FURTHER INFORMATION MAY BE OBTAINED BY:

Phone: (517) 267-8809
email: info@michalaux.org

Applications are available on the website at: www.michalaux.org/scholarships

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 when the 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
 - _____ Gulf War/Global War on Terror—August 2, 1990 to present

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's 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



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Recipients will be notified after the scholarship applications are judged. If you have not received notification by July 30, please contact the Department of Michigan Auxiliary Headquarters at 517.267.8809 or email 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 29, 2025**, or the award shall be forfeited and all benefits terminated. Recipients must send the 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 the applicant
4. The three (3) letters of recommendation

THE FOLLOWING MUST ACCOMPANY APPLICATION:

1. A copy of the veteran's discharge papers showing the date of induction or enlistment and the date of separation. (May be obtained from the County Clerk's Office where the veteran resides.) If you do not have a copy of the veteran's discharge papers, you have the following alternatives:

- a) 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, MI 48909.
- b) 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: Only the veteran may request a copy of the document unless he/she is deceased.

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. Three letters of recommendation—from the principal, counselor, educator, clergyman, or an unrelated person who will vouch for the applicant's character.
4. A copy of the Income Tax Form 1040 (pages 1 & 2) for 2023 or 2024 or a Federal FAFSA Form completed in 2024 or 2025.



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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

SCHOLASTIC INFORMATION:

Date graduated from High School _____ Grade Point Average _____
Have you attended college? Yes No Date _____

Please submit your 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 _____



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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 the 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 in which you participated.



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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. A copy of the Veteran's discharge paperwork
3. Copy of High School transcript
4. A copy of the 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**