



AMERICAN LEGION AUXILIARY DEPARTMENT OF MICHIGAN 2026-2027 PAST PRESIDENT'S PARLEY MEDICAL CAREER SCHOLARSHIP

DEADLINE—MUST BE POSTMARKED NO LATER THAN MARCH 15, 2027

FURTHER INFORMATION MAY BE OBTAINED BY:

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

Applications are available on the website at: www.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 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
 - ☐ Persian Gulf—August 2, 1990 to February 29, 1991
 - ☐ Global War on Terrorism – September 11, 2001 -- Present

DESCRIPTION OF GRANT: The grant is for one year only for \$1,500.00. It can be applied toward the expense of tuition, room and board fees, books, and supplies necessary for the 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 need assistance. The applicant's family must provide complete financial information. This information will be kept confidential.

Applicants must be residents of the State of Michigan at the time of application and for one year preceding the date of applying.

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, they 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.



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INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY ELIMINATED

Recipients will be notified after scholarship applications are judged. If you have not received notification by July 30, 2027, please get in touch with the American Legion Auxiliary Department of Michigan Education Chair, Jodi Loewenstein, at jolo2569@aol.com, or you can 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 30, 2027**, or the award shall be forfeited, and all benefits terminated. Recipients must send their full name and the address of the Financial Aid office at the school they will attend. Two \$750.00 scholarship checks will be sent by the American Legion Auxiliary Department of Michigan Headquarters in **August and late November**. They will be sent to the qualifying school with the recipient's name and information listed.

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 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 they have 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 the Veteran 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. Three letters of recommendation—from a principal, counselor, educator, clergyman, or unrelated person who will vouch for the applicant's character.
4. A copy of the Income Tax Form 1040 (pages 1 & 2) for 2025 or 2026 or a Federal FAFSA Form completed in 2025 or 2026.



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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 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:

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Mother's Name _____ Father's Name _____

Mother's Place of Employment _____ Occupation: _____

Father's Place of Employment _____ Occupation: _____

Mother's W2/1099 Income _____ Father's 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 source, amount, and duration. _____

If your education was interrupted because of illness, employment, or travel, please describe the Circumstances:



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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 extracurricular activities.

Please describe any community service you have participated in.

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

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: PPP/Medical Career Scholarship
212 N Verlinden Ave, Suite B
Lansing, MI 48915
Or by Email
info@michalaux.org