AMERICAN LEGION AUXILIARY UNIT 19 SCHOLARSHIP

The American Legion Auxiliary Unit 19, Fort Morgan, Colorado, awards \$500 scholarships annually to one or more students from Fort Morgan High School. The scholarships may be used at two or four year accredited colleges, universities, or technical schools in the United States.

GUIDELINES FOR APPLICANTS AND SCHOOL OFFICIALS

- Scholarship applications are to be completed by the applicant and submitted to the school counselor/scholarship coordinator. Application deadline is <u>March 15</u> in the year of graduation.
- 2. The applicant must be an immediate relative of a military veteran (i.e. grandson/granddaughter, son/daughter, brother/sister).
- 3. A completed application should contain all of the following items stapled together.
 - a. Application form (to be completed by the student).
 - Official transcript of high school courses and grades.
 - <u>Two</u> personal reference letters: <u>one</u> may but is not required to be from school faculty, <u>one</u> must be from <u>other</u> than school personnel – e.g. doctor, minister, neighbor, employer.
 - d. Proof of military service for the veteran you are applying under. Acceptable documents are a DD214, a copy of the veteran's discharge papers, or a copy of the veteran's V. A. insurance card. (This information will be kept confidential, and the document will be shredded after it is reviewed by the Unit's scholarship committee.)
- 4. At the discretion of the American Legion Auxiliary Unit 19 scholarship committee, applicants may be invited for personal interviews.
- 5. The winner(s) will be selected by May 1.
- 6. This is a one-time grant; it is non-renewable.
- 7. Scholarship funds will be disbursed through the Fort Morgan High School upon verification of enrollment.
- 8. During the term of the scholarship recipient's award, he /she shall give an update on his/her education status and progress by sending a letter to the Auxiliary Unit and/or attending one of its meetings. The mailing address is PO Box 1131, Fort Morgan. Unit meetings are held the second Thursday of each month at 7:00 p.m. at the American Legion Building, 121 Nelson Road, Fort Morgan.
- 9. Criteria for the scholarship are merit (academic goals, leadership and character) and an immediate family relationship to a military veteran.

1.	Name:	First	Mie	ddle	
2.	Address: Street or box number				
3.	Date of Birth:			Zip	
4.	Telephone number:		-		
5.	High School:				
6.	College you wish to attend:		Name		
	-		Location		
7.	Field of study of college major:	:			
8.	Why did you choose this field:				_
9.	Information for Veteran you are provided with this application.)	1		of military service mus	
	c. Years served:d. Your relationse. Is Veteran a m	Military: ship to Vete ember of the	ran: ne American L / Unit 19 or So		
10	. Are any other members of y	your family		nding college:	

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APPLICATION FORM

11.	that are meaningful to	544 AA 5376	, and awards	s in the last three years	
	that are meaning to	you.			
	- '				
12.	Employment history:	Type of work:		Dates of Employment	
	Employer:	Type of work.	<u> </u>	——————————————————————————————————————	
13	Name of individuals v	vhom vou have aske	d to write rec	commendations for	
	you:				
a.					
a.	Name	Position or Title			
	Street No.	City	Stat	е	
b.					
	Name	Posit	Position or Title		
	Street No.	City	Stat	e	

14. Please let us know wi	hy you feel you should be selected for this scholarship
	-
	* *
Signed:	Date:

1.	Name:				-
	-	Last	First	Mic	ddle
2.	Address:	Street or box number	City	County	
3.	Date of B	irth:	(5)		2.15
4.	Telephone	e number:		_	
5.	High Scho	ool:			
6.	College yo	ou wish to attend:			
				Name	
				Location	
7.	Field of s	tudy of college major	·		
8.	Why did y	ou choose this field:			
9.		on for Veteran you an	e applying th	rough: (Proof	of military service mus
			Military: hip to Veter ember of th on Auxiliary	an: e American L Unit 19 or Sc	
10	100	other members of y onship:		urrently atten	ding college:

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APPLICATION FORM

11	List any school, chu that are meaningful		d awards in the last three years
12	. Employment histor	V:	
	Employer:	Type of work:	Dates of Employment
13 a.	you:		write recommendations for
u.	Name	uals whom you have asked to write recommendat Position or Title City State	or Title
b.	Street No.	City	State
	Name	Position o	or Title
	Street No.	City	State
