

**Application for  
Past Presidents Academic Gift  
American Legion Auxiliary**

1. Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. With whom are you living? \_\_\_\_\_  
Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Relationship to you \_\_\_\_\_
3. Are you a member of the American Legion Auxiliary? Yes \_\_\_\_\_ No \_\_\_\_\_  
Unit Name, No. & Location \_\_\_\_\_  
No. of years a member \_\_\_\_\_
4. Name of Mother, Grandmother or Great-Grandmother (if different from #2) \_\_\_\_\_  
Address, if living \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Is your Mother, Grandmother or Great-Grandmother a Member of the American Legion  
Auxiliary? \_\_\_\_\_  
Unit Name, No. & Location \_\_\_\_\_
5. If Married –  
Information on spouse: \_\_\_\_\_ Information on parents: \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Annual Income \_\_\_\_\_ Annual Income \_\_\_\_\_
6. Brief statement of service of Father, Grandfather or Great Grandfather in the Armed Forces:  
\_\_\_\_\_
7. No. of children in family under age 18 \_\_\_\_\_ Over 18 \_\_\_\_\_
8. Condition of your health \_\_\_\_\_
9. What is your income from all sources? \_\_\_\_\_
10. Have you been awarded or have you applied for other scholarships? \_\_\_\_\_  
Are you eligible for Jr. G.I. Bill Benefits? \_\_\_\_\_  
or Veterans benefits \_\_\_\_\_ or Social Security benefits \_\_\_\_\_
11. Name & Location of nursing school you wish to attend: \_\_\_\_\_  
\_\_\_\_\_  
Length of time required to complete course \_\_\_\_\_

**Deadline for submitting application to Unit is March 1  
Deadline for submitting application to Department is March 15**

**Rules Governing  
Past Presidents Academic Gift  
American Legion Auxiliary**

**Eligibility**

1. The applicant must be a daughter, granddaughter or great-granddaughter of an American Legion Auxiliary member (or deceased member) who needs financial assistance in order to attend an accredited school for any medical training.
2. The applicant must have maintained a high average in scholarship and must show an interest in and adaptability for a profession in the medical field.
3. The applicant must be a member of the American Legion Auxiliary, if she is eligible to membership there-in.

**Application**

1. The applicant must fill in the application form and provide the following references from people who know her in her community and home life:
  - a) Superintendent or principal of the high school from which she graduated (if graduation from high school has been within the past five years).
  - b) A minister or clergy.
  - c) A reputable business person.
  - d) A transcript of grades must be submitted, if applicable.
  - e) A brief paragraph or two stating why you think you are qualified to enter the medical field.
2. All applications must be filed with the Past Presidents Parley Committee by **March 15**, of the year in which application is being made.
3. Applicants will be investigated by the Committee before a gift is awarded.

**Academic Gift**

1. One check in the amount of \$500.00 will be given to the recipient at the time of entrance to school.

Send completed application and references to:

Department Secretary  
5440 Herbert Lord Rd.  
Indianapolis, IN 46216

**In lower left corner of envelope, please mark "Scholarship Application"**