

**American Legion Auxiliary
Department of Indiana
Academic Gift for Junior Members**

This is a gift, not a loan, in the amount of \$500.00

Rules

1. Applicants for this academic gift shall have been Junior Members of the American Legion Auxiliary, Department of Indiana; said Junior to have held membership in the American Legion Auxiliary Department of Indiana for the past five (5) years and must now hold a membership card for the current year.
2. Applicants must be in their Senior year of an accredited High School.
3. This is a one-year academic gift to attend an accredited institution of higher education. Applicants must be of good character and have grades which meet entrance requirements at the institution of their choice. Applicant must have a 3.0 GPA using a 4.0 base.
4. Participation in this gift program shall be on a voluntary basis in all Units.
5. **No unit may enter more than one application in the Department competition.**
6. Applicant must present the completed application packet to the Unit President **on or before March 1.**
7. The winning entry for each Unit shall be certified by the American Legion Auxiliary Unit President, and mailed to the Department Secretary, to be **received on or before March 15.**
8. Use of the academic gift must commence **within twenty-four months** of the date the winner receives the notification by the American Legion Auxiliary, Department of Indiana Headquarters.
9. The gift will be paid directly to the student, at the beginning of the first semester, when the student enrolls.
10. **The decision of the judges shall be final.**

Application Packet Requirements

1. Completed application form for **Department of Indiana Academic Gift for Junior Members.**
2. The following three letters of recommendation are required:
 - a. **One Letter** from either the principal or guidance counselor of the school from which the applicant will graduate; to include... size of class and student's position in the class, and the cumulative grade point average.
 - b. **Two Letters** from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship, and leadership.
3. A copy of ACT or SAT test scores.

Each Unit will be responsible for verifying all necessary information in the applicant's packet.

Application for

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1. Name of Applicant _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Date of enrollment in American Legion Auxiliary _____

2. Name of veteran through whom applicant is eligible _____

Relationship _____

Living _____ Deceased _____

3. Proposed date of graduation from High School _____

4. Name of College/University you hope to attend _____

Print or Type Full Name of applicant

Applicant's Signature

Telephone # _____

Unit Name and Number _____

Signature of Unit Secretary or Unit Education Chairman

Address _____

City _____ State _____ Zip _____

Signature of Unit President