AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC
1580 Columbia Turnpike, Bldg. #1, Suite #3, Castleton-on-Hudson, NY 12033
(518) 463-1162

SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____

ADDRESS: _____

PHONE#: _____ **DATE OF BIRTH:** _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

_____ Department Scholarship

_____ Department District Scholarship (10)

_____ Raymond T. Wellington, Jr. Memorial Scholarship

_____ Past President Parley Student Scholarship (Medical Field)

_____ Helen Klimek Student Scholarship

_____ The Cerullo Memorial Scholarship (Sons of The American Legion)

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED**. Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You MUST include the following with each scholarship application:

- Four letters of recommendation: which include one from the principal or guidance counselor of the school in which the applicant is enrolled, one from an educator or spiritual advisor of the applicant's choice, and two from representative citizens other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicants.
- One certified copy of high school grades with the embossed seal.
- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**
- **COUNTY CHAIRMAN MUST MAIL IT DIRECTLY TO THE DEPT. EDUCATION CHAIRMAN-EXCEPT THE CERULLO SCHOLARSHIP. DO NOT MAIL IT TO THE DEPARTMENT OFFICE.**

Unit: 65 **County:** St Lawrence **District:** 9

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PAST PRESIDENTS' PARLEY SCHOLARSHIP IN MEDICAL FIELD

A scholarship of $1,000 shall be awarded to an eligible candidate planning to further his/her higher education in the Medical Field.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces from December 7, 1941, until the current date.
2. Applicant must be a United States citizen, a resident of New York State or an ALA Junior member or SAL member in the state of NY for the past three consecutive years and must be a paid member for the current membership year. Applicant must continue their membership in the American Legion Auxiliary or Sons of the American Legion in NY during the scholarship period.
3. Applicant must be a senior in high school. This is a scholarship to attend an accredited institution of higher education.
4. Each Auxiliary Unit may submit **ONE** application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:
   - Character/Leadership 30%
   - Essay/Application 30%
   - Academic Achievement, volunteerism 40%
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four letters of recommendation: which include one from the principal or guidance counselor of the school in which the applicant is enrolled, one from an educator or spiritual advisor of the applicant's choice, and two from representative citizens other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicants.
4. One certified copy of high school grades with the embossed seal.
5. Statement of extracurricular activities, participation in Civic affairs and volunteerism.
6. Certificate of acceptance and/or letter from the college, etc.
7. Essay requirement (see individual scholarship requirement for topic).
8. Copy of your FAFSA application summary and/or confirmation sheet only.
9. Original article written by applicant consisting of not more than 1,000 words (typed) on "Why I selected the medical field."
10. Application must be signed by the applicant, the Unit President, and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1ST.
11. No Auxiliary Unit may submit more than one candidate for each scholarship competition.
12. **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: 65 **County:** St Lawrence **District:** 4th

American Legion Auxiliary
Department of New York
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PAST PRESDENTS' PARLEY STUDENT SCHOLARSHIP IN MEDICAL FIELD

Note: This application must be submitted to the sponsoring unit no later than March 1st.

Name of Applicant: _____

Phone Number: _____ Email: _____

Complete Address: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Address if Different from above:

Name of Veteran proving eligibility: _____ Relationship: _____

Branch of Service of veteran _____ Dates of Service: _____

Name of Applicant's High School: _____ Graduation Date: _____

Name of College/University applicant plans to attend: _____

College or University Address: _____

_____

Course of Study: _____Total Family Income: $_____

Number of dependents under 18: _____ Number of Dependents over 18: _____

Signature of Applicant: _____Date: _____

Unit Name and Number _____

Signature of Unit President: _____

Signature of Unit Education Chairman_____

Signature of County Chairman Name of County Chairman County

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES