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:** 4

Sons of The American Legion

DETACHMENT OF NEW YORK

1304 Park Blvd, Troy, NY 12180

(518) 463-2215 Fax (518) 427-8443 *

Email: info@nylegion.org * Website: www.ny.legion.org

THE CERULLO MEMORIAL SCHOLARSHIP FUND RULES

Up to four (4) Scholarships in the amount of $500.00 each will be awarded annually. One (1) new and up to three (3) renewable scholarships to previous winners, see Rule 5. This is a gift scholarship – not a loan. We welcome donations towards funding.

1. Candidates for this award must be MEMBERS in good standing in The American Legion, American Legion Auxiliary, or Sons of The American Legion in New York State and are in their senior year or are graduates of an accredited High School.
2. There will be no limit to the number of applications that any one Squadron, Post or Auxiliary Unit may wish to submit.
3. Applications are mailed to all registered Squadrons; additional applications may be photocopied. Completed applications must be returned to Detachment Headquarters, ATTN: SONS Coordinator, by April 30th.
4. Each application shall be certified by the Detachment Scholarship Chairman.
5. PREVIOUS WINNERS may receive up to three (3) additional annual awards – SIMPLY reapply by completing a new application, No Article is necessary. Years won MUST be entered.

SELECTION PROCEDURES:

1. A Committee of at least five (5) distinguished members of the Detachment of New York Sons of The American Legion will serve as judges.
2. A representative of the Detachment of New York Sons of The American Legion will present the award at the Detachment Convention.
3. Candidates shall be selected on the following basis: 25% each for: Americanism, Character, Leadership and Scholarship.
4. The decisions of the Selection Committee are final and are published in a Detachment mailing.

SONS COORDINATOR will forward all applications together to the Chairman within one week after the due date.

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION.

1. Copy of APPLICANT'S current-year Membership Card.
2. An article written by applicant, consisting of no more than 200 words, subject being: THE CONSTITUTION.
3. A certified transcript of high school or college grades.
4. Listing of extra-curricular activities, participation in civic activities, employment, and number of hours worked per week, paid and volunteer work.
5. (High School Seniors Only) Certificate of acceptance and/or letter stating date you will receive it from the school or college you will attend.

To Education Chairman by March 1st
Unit 65 St Lawrence Co. 4th Dist.

SONS OF THE AMERICAN LEGION DETACHMENT OF NEW YORK
ROCCO & VIRGINA CERULLO SCHOLARSHIP APPLICATION

Name of Applicant_____ Previous Winner? – Years_____

Address _____Date of Birth_____

Home Telephone Number (_____) _____

Father's Name_____ Mother's Name_____

If both parents are deceased, person responsible for your financial support:

_____
(Name & Address) (Relationship)

High School Attended_____
(Name & Address)

Date of Graduation_____ Age at Graduation_____

College or Trade School Applicant expects to attend or is presently attending:

_____
(Name & Address)

Type of program you expect to enter or are presently enrolled in: (Check One)

Two-year Program_____ Four-year Program _____

Other_____

Has application for admission been submitted to college? Yes, ____ No____

Have you been accepted? Yes, ____ No____

What is the fixed cost to each student per semester in the program you plan to enter or are presently attending: $_____

How will the cost of college be financed? (Optional) _____

_____/_____/_____
(Signature of Applicant) (Signature Detachment Scholarship Chairman) (Date)

_____#_____
(Name and Number of Organization) (County)