

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF CT  
MEMORIAL EDUCATION GRANT**

**INFORMATION SHEET**

**DO NOT DETACH THIS COVER SHEET!**

**Page One**

Dear Guidance Counselor:

Attached is an application for a \$500.00 Memorial Education Grant, which is being offered by the American Legion Auxiliary, Department of Connecticut. The completed application with this cover sheet and all attachments **MUST** be returned to the Unit President listed below.

Unit President's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

All completed applications must be returned to the Unit President along with all requirements as soon as possible in order for her to review them before forwarding them to me. They **must** be in the Unit President's hands no later than **March 31, 2008**.

You may **make as many copies** of this application as needed. We thank you for helping to distribute these applications to the eligible students.

Sincerely,

*Raelene D. Miller*

Department Education Chairman  
American Legion Auxiliary  
460 Cannon Dr.  
Stratford, CT 06614-2015  
Phone: 203-378-4016  
E-mail raelenemil@aol.com

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF CT  
MEMORIAL EDUCATION GRANT – INFORMATION SHEET**

**DO NOT DETACH INFORMATION SHEET FROM APPLICATION**

**OBJECTIVE:** At least FOUR \$500.00 Department Memorial Education Grants are to be awarded by The American Legion Auxiliary of Connecticut. One-half to assist Veterans' Children to secure an education beyond the high school level. The other half of the Grants to be awarded to a child or grandchild of a member of the American Legion/American Legion Auxiliary, Department of Connecticut, (or a member at the time of their death), or to the child or grandchild who is a member of the American Legion Auxiliary or Sons of The American Legion, Department of Connecticut.

**NAME OF EDUCATION GRANTS:** These Education Grants shall be called MEMORIAL EDUCATION GRANTS in honor of all deceased American Legion Auxiliary members.

**ELIGIBILITY:** Candidates –

- A. Must be a child of a Veteran **and** a resident of Connecticut, **OR**
- B. Must be a child/grandchild of a member of The American Legion/American Legion Auxiliary, Dept. of Connecticut (no residency required for applicant), or of whom was a member at the time of their death. **OR**
- C. Must be a member of the American Legion Auxiliary or Sons of the American Legion, Dept. of Connecticut (no residency required for applicant).
- D. Must be between the ages of 16 and 23 years of age.
- E. Must show need of financial assistance to continue education.
- F. Must have a high school education or its equivalent and be enrolled in or eligible for entry into a university, college, technical school or professional school, which meets the approval of the committee.

**APPLICATION:** Completed application, together with transcript of marks to include current years grades, two (2) current letters of recommendation and essay, ALL in one envelope, **MUST BE MAILED TO THE UNIT PRESIDENT** (address on the cover sheet) by **March 31, 2008**.

1. Secure letters of recommendation from 2 of the 3 sources (must be dated during the current school year):
  - a. The applicant's guidance counselor or college advisor.
  - b. Spiritual advisor or clergyman of church applicant attends
  - c. Another adult citizens who is acquainted with the applicant but NOT a relative or connected with The American Legion, American Legion Auxiliary or the Sons of The American Legion. Employers or directors of volunteer groups with which the applicant works are acceptable.
2. An original article consisting of no more than 1,000 words (typed, double-spaced). The title of the article/essay will be **"Proud to be an American – Keeping The Wave of Patriotism Strong"**.
3. Please attach a list of school and community activities on a separate sheet of paper..

**This application MUST be signed by the American Legion Auxiliary President whose name appears on the cover sheet or the American Legion Auxiliary President or Secretary in the Town in which you reside or the Unit where parents, grandparents or applicant are members.**

**All these rules MUST be followed exactly to be eligible! All information will be kept confidential**

**APPLICATION FOR AN AMERICAN LEGION AUXILIARY  
MEMORIAL EDUCATION GRANT**

1. Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Name of Parent/Person by which applicant is eligible \_\_\_\_\_  
Relationship \_\_\_\_\_ Living ( ) Deceased ( ) Divorced ( )
3. **Brief statement of Military Service of Parent/Grandparent in question #2 or person through whom you received eligibility in the American Legion Auxiliary or Sons of the American Legion, including dates of membership eligibility on a separate sheet of paper.**
4. Number of dependent children in family: \_\_\_\_\_ Number under 18 years \_\_\_\_\_  
Number over 18 years \_\_\_\_ Explain why dependent. \_\_\_\_\_  
\_\_\_\_\_
5. Occupation of Father/Stepfather \_\_\_\_\_ Annual Income \_\_\_\_\_  
Occupation of Mother/Stepmother \_\_\_\_\_ Annual Income \_\_\_\_\_  
Occupation of Husband/Wife \_\_\_\_\_ Annual Income \_\_\_\_\_
6. Compensation or Pension received by Parent \$ \_\_\_\_\_ and/or children \$ \_\_\_\_\_
7. Are you eligible for Survivors' or Dependents' Education Benefits? \_\_\_\_\_
8. Are you eligible for or drawing Social Security payments? \_\_\_\_\_ Amount \$ \_\_\_\_\_
9. Are Parents/Grandparents members of The American Legion ( ) or American Legion Auxiliary ( )? NO \_\_\_\_  
Number of Post or Unit \_\_\_\_\_ Town \_\_\_\_\_ Current membership card # \_\_\_\_\_
10. Are you a member of the American Legion Auxiliary ( ) or Sons of The American Legion ( )? NO \_\_\_\_  
Number if Unit or Squadron \_\_\_\_\_ Town \_\_\_\_\_ Current membership card # \_\_\_\_\_

**PLEASE TURN OVER AND CONTINUE ON BACK**

11. College, University or Technical School the applicant desires to attend \_\_\_\_\_

Location \_\_\_\_\_ The course applicant plans to pursue \_\_\_\_\_

12. Date of graduation from High School \_\_\_\_\_

13. Have you ever applied for or have been awarded another scholarship or grant? \_\_\_\_\_

If yes, list amount \$ \_\_\_\_\_ When? \_\_\_\_\_

14. Approximate expenses of schooling for the coming year \$ \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLEASE BE SURE YOU HAVE CHECKED APPLICATION CAREFULLY AND THAT ALL REQUIREMENTS LISTED ON THE ATTACHED INFORMATION SHEET HAVE BEEN MET AND THAT YOU SIGNED THE APPLICATION. MAIL COMPLETED APPLICATION AND INFORMATIONAL REQUIREMENTS TO THE UNIT PRESIDENT. (ADDRESS ON COVER PAGE ONE)

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TO BE COMPLETED BY UNIT PRESIDENTS OR SECRETARIES AFTER THE APPLICATION HAS BEEN COMPLETED.

I have checked this application and find the information is complete and correct.

Unit Pres. Or Secty's Name \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Unit Pres. Or Secty's SIGNATURE \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Note: Unit Presidents or Secretaries, please return COMPLETED application and attached cover and information sheets, together with transcript of marks, essay, and letters of recommendation, ALL in one envelope, postmarked no later than **APRIL 12, 2008** and to be received no later than **APRIL 19, 2008**, to: Raelene D. Miller, 460 Cannon Drive, Stratford, CT 06614-2015.

Tel: 203-378-4016.