

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW JERSEY
2018 GRANT APPLICATION**

This application is to be used for the following scholarships:

- a. Dorothy Kellerman Scholarship – a one-year scholarship.
- b. One Year Department scholarships (1 in North Jersey, 1 in Central Jersey; and 1 In South Jersey).

RULES OF ELIGIBILITY

1. Applicant must be:

A child, grandchild or great-grandchild of a Veteran who served in the Armed Forces during the eligibility dates for membership in the American Legion.

- a) April 6, 1917 through November 11, 1918 (WWI)
- b) December 7, 1941 through December 31, 1946 (WWII)
- c) June 25, 1950 through January 31, 1955 (Korea)
- d) February 28, 1961 through May 7, 1975 (Vietnam)
- e) August 24, 1982 through July 31, 1984 (Grenada & Lebanon)
- f) December 20, 1980 through January 31, 1990 (Panama)
- g) August 2, 1990 to cessation of hostilities (Persian Gulf)

b. A resident of the State of New Jersey for two years immediately prior to applying for the grant.

c. A member of the 2018 graduating class of a senior high school in the State of New Jersey

2. Applicant must use the award the year it is received. If the applicant selected for the award fails to qualify for admission to the school of his or her choice by **9/1/18**, the award will be forfeited. Scholarship payment will be confirmation of the candidate's enrollment by the school of his or her choice.

1. Scholarships shall be awarded on the following basis:

- a. **CHARACTER** – 15% - High standards of conduct, keen sense of right, strength of character, adherence to truth and conscience and belief in God.
- b. **AMERICANISM** – 15% - Fine ideals, love of country, ability to accept a few years hence, a citizen's responsibilities.
- c. **LEADERSHIP** – 15% - Ability to lead and to accomplish through group action, personal magnetism, guidance and thought of others.
- d. **SCHOLARSHIP** - 40% - Scholastic attainment, with grades of senior year and rating in class, evidence of industry, and application of studies.
- e. **BASIS OF NEED** - 15% - Actual need of financial assistance to continue higher education. (Financial status of family or resources available **MUST** be stated).

Completed application must be received by Department Chairman no later than 4/15/2018

APPLICATION PACKET REQUIREMENTS

It is the applicant's responsibilities to make certain that the application form, copy of discharge, 4 letters of recommendation, record of grades, original article and confirmation of financial need, are submitted in **ONE ENVELOPE**, and received by the Department Chairman listed below no later than **April 15, 2018**.

2018 Completed Application Form of Applicant.

Photocopy Parent, Grandparent's or Great Grandparents Honorable Discharge Papers DD-214.

Certified transcript or photocopy of high school grades and class standing, including senior year.

An original article consisting of no more than 1,000 words (double spaced). The title of The article/essay will be: **"How Pride in country, community, school and family directs my daily life."**

FOUR letters of recommendation are required:

- a. **ONE LETTER** from either the principal or Guidance Counselor of the school from which the applicant is graduating.
- b. **ONE LETTER** from a Clergyman/Clergywoman of the applicant's choice.
- c. **TWO LETTERS** from the citizens, other than relatives, certifying to the applicant's character, i.e. Americanism, Scholarship and Leadership.

A confidential confirmation of financial need from the parent or guardian, including annual income and expenses and/or resources available to applicant. (Person writing letter must indicate his/her position in relation to the applicant.)

A brief letter from the applicant stating the reason for his/her choice of vocation.

NOTE: School records and any items of a confidential nature may be sealed if necessary.

DEADLINE: Completed Application Packet **MUST** be received by the Department Chairman no later than **April 15, 2018**.

Mail to: **Sharon Knight**
241 Virginia Street
Westfield, NJ 07090

**AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW JERSEY
2018 GRANT APPLICATION**

Name of Applicant _____ Telephone _____

Address _____
Street City County State Zip

Date of Birth _____

How long have you been a resident of New Jersey? _____

Name of Veteran through whom eligible _____

Branch of U.S. Armed Forces veteran served in _____

Date of Service – From _____ To _____

Number of dependent children in family: Under 18 Years _____ Over
Grade Levels: _____

Occupation of Father (Stepfather): _____ Annual Income _____

Occupation of Mother: _____ Annual Income _____

Total monthly government compensation received by parents and/or children:
\$ _____. Total monthly compensation or pension for applicant if mother has
remarried or is deceased: \$ _____

Are you eligible for benefits under the Jr. G.I. Bill? Yes _____ No _____

Are you eligible for or drawing Social Security payments? Yes _____ No _____

Proposed date of graduation from high school _____

Name of High School _____ Phone _____

Name and location of College or University you desire to attend:

Degree or career field you plan to pursue _____

Estimated total annual expense for school. _____

Applicant Signature _____

Date _____