

AMERICAN LEGION AUXILIARY, DEPARTMENT OF NEW JERSEY
2024 ALA DEPARTMENT OF NEW JERSEY GRANT APPLICATION

This application – consists of 3 Department Grants (1 for each: North Jersey, Central Jersey and South Jersey). Amount of Grant depends on the amount of monies donated and will be split 3 ways equally.

RULES OF ELIGIBILITY

1. Applicant must be:
 - A. 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. Veteran Serviced: 4/6/1917 through 11/11/1918 (WWI) and any time after 12/7/1941.
 - B. A resident of the State of New Jersey for two years immediately prior to applying for the grant.
 - C. Member of the **2024** Graduating class of a senior high school in the State of New Jersey.
 - D. Recipient must use the award the year it is issued. If the applicant selected for the awards fails to qualify for admission to the school of his or her choice by **9/1/2024** the award will be forfeited. **Recipient receiving award will need to show acceptance letter from the school of higher learning (monies will be distributed to school of higher learning, not directly to recipient).**
 - E. Grant 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. **GRANT** – 40% - Grant attainment, with grades of senior year and rating in class, evidence of industry, ad 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.)
 - F. Complete application must be received by ALA Department of New Jersey Grant Chairman no later than **APRIL 1, 2024**.

ALL REQUIREMENT MUST BE MET IN ORDER TO QUALIFY.

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APPLICATION PACKET REQUIREMENTS

It is the applicant's responsibilities to make certain that the application form, copy of discharge papers (DD214), 4 letters of recommendation, record of grades, original article, and confirmation of financial need, are submitted in **ONE ENVELOPE or EMAIL**, and received by the Department Chairman listed below no later than **APRIL 1, 2024**.

1. **2024** Completed Application Form of Applicant.
2. Photocopy of Parent's, Grandparent's or Great-grandparent's Honorable Discharge Papers. **DD214**.
3. Certified transcript or photocopy of high school grades and class standings, including Senior year.
4. An original article consisting of no more than 1,000 words (**double spaced**). The Title of the article/essay will be **"How has Faith, Family and Freedom played a role in my life?"**
5. **THREE** 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. **TWO LETTERS** from citizens, other than relatives, certifying to the applicant's **Character**, i.e. Americanism, Grant and Leadership.
6. **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.)
7. A brief letter from the applicant stating the reason for his/her choice of vocation.
8. **Recipient receiving award will need to show acceptance letter from the school of higher learning, (monies will be distributed to school of higher learning, not directly to recipient).**

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

DEADLINE: Completed Application Packet **MUST** be received by the ALA Department of New Jersey Grant Chairperson no later than **APRIL 1, 2024**

Mail to: Leslie Woodward
2432 Susan Court
Atco, NJ 08004

Phone: 856-625-4464
Email: ALANJCamCoPresident@gmail.com

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Name of Applicant [Click here to enter text.](#)

Address [Click here to enter text.](#)

Date of Birth [Click here to enter a date.](#) Telephone # [Click here to enter text.](#)

Email Address [Click here to enter text.](#)

How long have you been a resident of New Jersey? [Click here to enter text.](#)

Name of Veteran through whom eligible [Click here to enter text.](#)

Branch of U.S. armed Forces Veteran served in: [Click here to enter text.](#)

Number of dependent children in family: Under 18 Years: [Click here to enter text.](#) Over: [Click here to enter text.](#)

Grade Levels: [Click here to enter text.](#)

Occupation of Father (Stepfather): [Click here to enter text.](#) Annual Income: [Click here to enter text.](#)

Occupation of Mother: [Click here to enter text.](#) Annual Income: [Click here to enter text.](#)

Total monthly government compensation received by parents and/or children: [Click here to enter text.](#)

Total monthly compensation or pension for applicant if mother has remarried or is deceased: [Click here to enter text.](#)

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 [Click here to enter a date.](#)

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Name of High School

Click here to enter text.

Address:

Click here to enter text.

Phone Number of High School:

Click here to enter text.

Name of College or University you desire to attend:

Click here to enter text.

Address of College or University you desire to attend:

Click here to enter text.

Degree or career field you plan to pursue

Click here to enter text.

Estimated total annual expense for school:

Click here to enter text.

Applicant Signature

(after all fields are filled in
print and then sign)

Date

Click here to enter a date.

Check list:

- ☐ Completed application
- ☐ Copy of DD214 form
- ☐ Transcript
- ☐ Essay
- ☐ Four letters of recommendation
- ☐ Confidential confirmation of financial need from the parent or guardian
- ☐ Letter from applicant stating the reason for his/her choice of vocation

When **completed** either mail or email all items to:

Leslie Woodward
2432 Susan Court
Atco, NJ 08004

Phone: 856-625-4464

Email: ALANJCamCoPresident@gmail.com

DEADLINE: APRIL 1, 2024