



**AMERICAN LEGION AUXILIARY**  
**Department of California**  
**Application for Funds for Educational Assistance**

**FORM E21**

2008-2009  
 This form intended for  
 high school seniors

When an application is submitted by a student for more than one scholarship offered by the Department or National the student is eligible to receive only one. A student may not receive more than one scholarship from Department in any one year.

Name of Applicant: \_\_\_\_\_ You live: At home On your own  
 Address: \_\_\_\_\_ How long have you lived in CA? \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Social Security#: \_\_\_\_\_ Grade in school at time of application: \_\_\_\_\_  
 What course or vocation do you wish to pursue? \_\_\_\_\_  
 You will be applying to the following (School must be in California): \_\_\_\_\_ Business/Trade School \_\_\_\_\_ College/University  
 Name of school: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Exact date you plan to enter school next semester: \_\_\_\_\_

**BASIS OF ELIGIBILITY** You are the child of \_\_\_\_\_  
 who was/is in the Armed Forces of the United States during any of the following periods: April 6, 1917 to November 11, 1918; December 7, 1941 to December 31, 1946; June 25, 1950 to January 31, 1955; February 28, 1961 to May 7, 1975; August 24, 1982 to July 31, 1984; December 20, 1989 to January 31, 1990; August 2, 1990 to the date of cessation of hostilities as determined by the government of the United States.  
 \_\_\_\_\_ Army \_\_\_\_\_ Air Force \_\_\_\_\_ Navy \_\_\_\_\_ Marine Corps \_\_\_\_\_ Coast Guard Serial No. \_\_\_\_\_  
 Date Mustered In: \_\_\_\_\_ at \_\_\_\_\_  
 Date Discharged: \_\_\_\_\_ at \_\_\_\_\_  
 Date of death of person giving eligibility (if applicable): \_\_\_\_\_  
 Did person have service connected disability? \_\_\_\_\_ Did person die of this disability? \_\_\_\_\_

Father/Guardian	Mother/Guardian
Name _____	_____
Address _____	_____
Occupation _____	_____
Business Address _____	_____
Names and ages of siblings living at home, if any: _____	

Approximate NET (after tax) monthly income of family: \$ \_\_\_\_\_  
 Source of income: \_\_\_\_\_  
 Are you receiving aid from: Veterans' Welfare Board - Yes No Government Insurance Compensation - Yes No  
 S.R.A. (Servicemen's Readjustment Allotment) - Yes No State Educational Aid - Yes No What is the total received? \_\_\_\_\_  
 Does your family own a home? Yes No Are your parents able to aid you in any way at this time: Yes No  
 If yes, to what extent? \_\_\_\_\_  
 If not, why? \_\_\_\_\_

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APPLICANT'S ANTICIPATED REVENUE: Annual

Table with 2 columns: Revenue Category and Amount (\$). Categories include Cash on hand, Net earnings during the semester, Working for board, Working for room, Assistance from parents/guardians, Assistance from university/college, Loan, gift or scholarship (not including ALA), and Advance from other source.

APPLICANT'S ANTICIPATED EXPENSES: School Year

Table with 2 columns: Expense Category and Amount (\$). Categories include Tuition and fees, Board, Room, Books, Organizations, and Incidentals (itemize and explain).

Have you applied for any other ALA Department or ALA National scholarship? Yes No
If yes, which one (if more than one, list all)

Applicants applying for scholarships shall submit with this application:

- 1. Three (3) letters of reference attesting to character. Letters may be from school officials, employers or personal friends. (Only one (1) letter may be from a personal friend.)
2. Current school transcript of applicant's grades.
3. Letter from applicant expressing need.

Applicant must locate the closest American Legion Auxiliary Unit to mail application and support materials.

Applications will not be accepted before September 1, 2008 or after March 16, 2009

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored by Unit (Name & Number): \_\_\_\_\_ Date of Receipt of Application: \_\_\_\_\_

Signature of Unit Education Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Chairman's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Signature of Unit President: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of District Chairman: \_\_\_\_\_ Dist #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Department Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with the Privacy Act of 1974, this information will be held in strict confidence.