



AMERICAN LEGION AUXILIARY
Department of California
Application for Funds for Educational Assistance
for Continuing and/or Re-entry Students

FORM E21C

2008-2009
 This form intended for
 continuing or re-entry
 students only

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 own or rent your home? _____

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 _____

or _____ You are an active duty or veteran 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? _____

Spouse information, if applicable:

Names and ages of children living at home, if any:

Name _____

Address _____

Occupation _____

Business Address _____

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? _____

Are your parents or spouse 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 Source and Amount. Rows 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. Rows 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, 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.) A photo (snapshot will suffice) of applicant and a transcript of applicant's grades MUST be included.

APPLICATION MUST INCLUDE A LETTER FROM THE APPLICANT

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.