

American Legion Auxiliary Tenth District Scholarship #1 Application

(applicant must be planning a course of study in a **Medically related field)**

Applicants must be the child, grandchild, or great-grandchild of an honorably discharged veteran living in the Tenth District. The applicant must also attend a high school in the Tenth District. (Shelby, Rush, Hancock, Decatur, Wayne, Henry, Fayette, Union, Randolph, Delaware Counties)

Use blue or black ink. Return completed packet to the address listed below by March 15th of your senior year. Packet includes: (1) application form, (2) copy of high school transcript, (3) 2 letters of recommendation from professional school staff, and (4) a one page essay describing how the veteran has affected your life. Student should return completed application packets to Jane Thurston, 6440 N 700 E, Morristown, IN 46161 by March 15th.

NAME _____

HIGH SCHOOL _____

DATE OF BIRTH _____

ADDRESS _____

PHONE _____

MOTHER'S NAME _____

MOTHER'S ADDRESS _____

MOTHER'S OCCUPATION _____

FATHER'S NAME _____

FATHER'S ADDRESS _____

FATHER'S OCCUPATION _____

Identify the veteran that makes you eligible for this award, approximate service dates, branch of service. _____

List all people living in your household and ages: _____

Are you a 21st Century Scholar Scholar? Yes ___ No ___

Are you a Lilly Scholar? Yes ___ No ___

List any scholarships you have been awarded. _____

What school do you plan to attend? _____

How long is your course of study? _____

What is the yearly tuition? _____

What is the cost of room/board? _____

Briefly discuss your community service over the last 4 years. _____
