

American Legion Auxiliary
Tenth District
Past Presidents Parley Scholarship

This scholarship is in the amount of \$200. A check will be given to the recipient, not sent to the school.

The applicant must be interested in pursuing a career in the medical field.

Any graduating senior may apply. However, preference will be given to those who are the children, grandchildren, or great-grandchildren of a veteran of the United States military.

Application must be filled out in blue or black ink.

Applicants must return the completed application, with required letters and documents, to the guidance counselor by March 1.

Guidance Counselors must make arrangements to get the application to the Auxiliary Unit Chairman by March 8.

IF YOUR SCHOOL OBSERVES A SPRING BREAK FROM MARCH 1 TO MARCH 8, IT IS YOUR RESPONSIBILITY TO TURN THE APPLICATION IN EARLY ENOUGH SO THAT THE UNIT CHAIRMAN RECEIVES IT BY MARCH 8.

Auxiliary Unit Contact:

Name Jane Sheerston
Address 6440 N 700 E Merriestown 46161
Phone 765-763-6452

Department of Indiana
American Legion Auxiliary
Tenth District
Past Presidents Parley Scholarship Application

Name _____

Address _____

Telephone _____ **Date of Birth** _____

Mother's Name _____

Address _____

Occupation _____

Father's Name _____

Address _____

Occupation _____

With Whom Do You Live _____

Veteran's Service Record Information _____

Member of The American Legion Post# _____

Member of American Legion Auxiliary Unit# _____

Number of Sisters and Ages _____

Number of Brothers and Ages _____

What College Do You Plan To Attend? _____

Occupation You Wish To Train For _____

How Long Is The Period of Training? _____

Will You Have Any Other Financial Assistance? _____

Scholarships or Loans? _____

Do You Have To Earn Your Expenses? _____

All or Part? _____

State the Cost of Tuition _____ **Fees** _____

Your Registration Date _____

Registration Office Address _____

Please attach to this application, a letter from a school official, copy of grade transcript, and a letter from you expressing your desire to further your education in the medical field and why.

Return your completed application to your guidance counselor by March 1.

Guidance Counselors: Return the application/s to the Auxiliary Unit Chairman listed below:

Name _____

Address _____ **Phone** _____