

AMERICAN LEGION AUXILIARY

2016 IOWA DEPARTMENT MERIT AWARD APPLICATION

1. Name _____
2. Birth Date ___/___/___ Age _____ Birthplace _____ Telephone # _____
3. Parent/Guardian Name(s) _____
4. Parent/Guardian Addresses _____
5. Are you a member of The American Legion, American Legion Auxiliary, or Sons of the American Legion?
Circle those that apply.
6. Indicate the Veteran's name under who you qualify _____
7. What is your relationship to that Veteran? _____
8. Parent(s)/Guardians occupations _____
9. How many persons in the family? _____ Number of dependent children? _____
10. What education do you have and where was it obtained?

11. List up to 10 of your activities and awards.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
12. Name and location of school in Iowa in which you wish to enroll _____
13. Course of study you will pursue _____
14. Do you expect to work to assist yourself while in school? _____ Yes _____ No
15. If so, what type of work? _____

16. What other income resources do you have to fund your education?

17. Enclosed are three letters (not a form) of recommendation are from the following people:

- a. American Legion Auxiliary Unit or American Legion Post verifying the applicant's eligibility
- b. School
- c. Business/Professional/Clergy/Community Leader, indicating the applicant's Character, Patriotism, Leadership, etc.

18. I have attached a transcript of my most recent scholastic record including GPA, class rank and standardized test scores to this application.

19. I have attached my photograph to this application.

20. As an applicant for this Merit Award you must submit an original essay consisting of not more than **400** words, which will give insight into your personality and express the qualities you want to be known and be remembered by in your chosen field.

It is the responsibility of the applicant to answer ALL questions and submit ALL requested material. ALL must be included, in proper grammatical form, with correct spelling and punctuation or they will not be considered. Please read and review both the rules and this form before submitting your application packet.

This scholarship will be awarded to any student currently enrolled in college or will be a college student in the coming year.

Applicant's Signature _____

Date _____

Applicant's Address _____

Unit OR Post Officer's Signature _____

Application and all information must be postmarked by June 1, 2016 and mailed to:

**Jackie Burk
1730 110th Street
Goodell, IA 50439**

**burkfam@frontiernet.net
641-425-1037**

I would like to be considered for the Merit Award(s) as indicated below. This will be the only Merit Award application that you will need to fill out. Please check all that you wish to apply for.

_____ Mary Virginia Macrae Memorial medical training Merit Award - \$500.00

_____ Harriet Hoffman Memorial educator training Merit Award - \$500.00

_____ Iowa Department Merit Award - \$500.00

_____ Past Iowa Department Presidents' Merit Award - \$500.00