

Applicant's Name: \_\_\_\_\_

**2020-2021 Grant Application**



***Sponsored By:***

**The American Legion  
Department of Indiana**

*(Revised June 2020)*

Applicant's Name: \_\_\_\_\_

### **Eligibility**

Eligibility for The American Legion Family Scholarship (ALFS) is open to the children and grandchildren of current members in good standing of The American Legion, American Legion Auxiliary, and the Sons of The American Legion; and the children and grandchildren of members who are deceased and who, at the time of death, were current members in good standing of either of the above qualifying organizations. Applicant's residence (home of record), must be within the State of Indiana. A maximum of eight (8) scholarships are awarded annually. **Previous ALFS scholarship recipients may not reapply.**

### **Instructions for Completing the Application**

1. Complete the application only if you are enrolled in, or have been accepted for enrollment, at a State of Federally accredited Institution of Higher Education (university, college, junior college, community college or technical school), located and operating in the United State of America.
2. **Completed applications must be received at the Department Headquarters office address no later than 4:00 p.m., Monday, March 15, 2021. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE DISQUALIFIED.**
3. Application form MUST be completed in English. Please type or print all requested information clearly. Application may also be completed online at [www.indianalegion.org](http://www.indianalegion.org). Select the "Program" tab then select "Scholarships & Awards".
4. Do not omit any information. If a question does not apply, enter N/A.
5. Submit all required signatures and certifications. Applications submitted without all requested signatures and certifications cannot be considered.
6. Submit all requested attachments. Applications submitted without all requested attachments will **NOT** be considered.
7. If additional sheets are required for any question item, please attach them to the application.
8. Item #13 requests permission for release of information for publicity purposes. Applicants are encouraged but not required to grant such permission, and such permission is not a condition of the award. If permission is granted, only the name, photograph of the award recipient, and selected portions of the essay may be used. All other information on the applications will be kept in strictest confidence, and not released.

Applicant's Name: \_\_\_\_\_

9. The completed application (Page #1 thru #6), along with your essay and any other associated attachments or documents, is to be submitted to the Department Headquarters office, utilizing one of the available delivery options detailed on page 7.

**American Legion Family Scholarship Application**

1. Name: \_\_\_\_\_
2. Address: - - -
- a. Street: \_\_\_\_\_
- b. City, State & Zip: \_\_\_\_\_
3. Telephone Number(s) - - -
- a. Home: \_\_\_\_\_
- b. Cell: \_\_\_\_\_
4. E-mail Address: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)
6. Citizenship (check one): U.S.: \_\_\_\_\_ Other: \_\_\_\_\_
- a. If "Other", specify: \_\_\_\_\_
7. Marital Status (check one): Married: \_\_\_\_\_ Single: \_\_\_\_\_
8. Institution of Higher Learning Applicant Plans to Attend:
- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. City, State, Zip Code: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_
- e. Degree Pursuing/Course of Study: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

9. Certification of Eligibility:

a. Name of Qualified Current Member: \_\_\_\_\_

b. Signature: \_\_\_\_\_

c. Qualified Current Member's Organization (check as applicable):

i. The American Legion: \_\_\_\_\_

ii. The American Legion Auxiliary: \_\_\_\_\_

iii. The Sons of the American Legion (SAL) \_\_\_\_\_

d. Qualified Current Member ID No. \_\_\_\_\_

e. If Deceased, Member's Date of Death \_\_\_\_\_  
(MM/DD/YYYY)

f. Applicant's relationship to Qualified Current Member (Check one as applicable)?

Child: \_\_\_\_\_ Grandchild: \_\_\_\_\_

10. Is this your first application for ALFS Grant (check one as applicable)?

YES: \_\_\_\_\_ NO: \_\_\_\_\_ If No, Indicate Previous Year: \_\_\_\_\_

11. List Extra-Curricular Activities, Awards, Special Achievements, etc.

(Attach additional sheets if necessary):

Applicant's Name: \_\_\_\_\_

12. Grade Point Average (Attach Copy of Transcript): \_\_\_\_\_

**NOTE: Winners normally have a GPA of 3.5 or greater**

13. If you receive an ALFS scholarship, will you permit the use of your name, likeness and excerpts from your essay for publicity purposes by The American Legion (check one)?

YES: \_\_\_\_\_

NO: \_\_\_\_\_

14. Please submit an essay of at least 500 words describing the reasons why you wish to be considered for the ALFS, the purpose to which the grant will be put, your relationship to the Legion family and what it has meant to you, and most importantly; how the citizens of Indiana and the men and women of The American Legion Family will benefit in the future from your having achieved your educational goals with the assistance of the American Legion Family Scholarship.

### **Applicant's Statement**

It is understood and agreed to by \_\_\_\_\_ that:

1. Any funds granted to the above-named applicant by The American Legion Family Scholarship program, shall be used for any purpose directly related to the pursuit of a post-secondary education, at a State or federally accredited Institution of higher education located and operating in the United States of America.
2. The above-named applicant will forward a copy of his/her grades at mid-term and at the end of the academic year, to The American Legion Department of Indiana, Attn: ALFS, 5440 Herbert Lord Road, Indianapolis, IN 46216-2119. Reference page #7 for a list of acceptable delivery options.
3. The above-named applicant hereby certifies that:
  - a. To the best of his/her knowledge, the information contained in this application is true and correct.
  - b. Proceeds from any grant will be used for the authorized purposes so specified in paragraph #1 under "**Applicant's Statement.**"
  - c. He/she will comply with all conditions set forth for the ALFS in this application.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Certification by Academic Advisor**

I hereby certify that the above-named applicant is a student at the following high school or institution of higher learning:

School Name: \_\_\_\_\_

If still attending high school, the above-named applicant has applied to, and been accepted by, a qualifying institution of higher learning.

The above-named applicant has satisfactorily completed the necessary courses of instruction to prepare him or her to attain his or her future education goals.

The above-named applicant is a student in good standing at the above-named institution.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Acceptable Submission Options**

The completed application (Page #1 thru #6), along with your essay any other associated attachments or documents, is to be submitted to the Department Headquarters office, utilizing any one of the following available delivery options.

- a. Personally deliver, or mail your application to:

**The American Legion Department of Indiana  
Attn: American Legion Family Scholarship  
5440 Herbert Lord Road  
Indianapolis, IN 46216-2119**

- b. Or, fax your application to **(317) 237-9891**.
- c. Or, email your application to [bmiller@indianalegion.org](mailto:bmiller@indianalegion.org).

**Completed applications must be received at the Department Headquarters office address no later than 4:00 p.m., **Monday, March 15, 2021**. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL BE DISQUALIFIED.**

Should you have any questions or concerns, contact Butch Miller, Department Program Director. Mr. Miller may be reached by email at [bmiller@indianalegion.org](mailto:bmiller@indianalegion.org), or by phone at (317) 630-1391.