



American Legion Auxiliary Scholarship

Submit paperwork on or before April 1st, 2024 to

American Legion Post 14
201 Carlisle Street
Hanover, PA 17331

Attention: Peg

For any questions, contact Peg Fischesser (717-633-1656)
and leave a message

Adams, Franklin, Fulton, York County Council

American Legion Auxiliary

Scholarship

The AFFY Council scholarship will be awarded to two senior high school students entering either a two or four year college, trade school or business school following graduation. The award will be presented each year to two students in the amount of one thousand dollars each. The award will be in payments of \$500.00 each semester of their first year.

The first check will be made payable to the winner upon receiving confirmation that they have been accepted and enrolled in a college or school of their choice. We will need a copy of the acceptance letter and a copy of the initial tuition fee.

To receive the final installment a copy of the winner's first semester grades and second semester statement will be required.

The winners will be contacted and provided information on where to submit the required information.

PLEASE READ, FOLLOW AND RETURN THE ENCLOSED CHECK LIST WITH YOUR APPLICATION.

Thank You,

AFFY Council

Scholarship Chairman

CHECK LIST FOR AFFY COUNCIL SCHOLARSHIP

1. Picture _____
2. Completed Application _____
3. Essay – Minimum 500 words. Indicate number of words. _____
4. School transcript with class rank or standing _____
5. List of extra-curricular activities in both school and community. _____
6. Letter of Veteran Certification (DD214) _____
7. Letter of acceptance from College or School. _____
8. Letter of recommendation from School Administrator (School Principal) _____

This sheet **MUST BE COMPLETED IN FULL** and submitted with your application.

Please arrange pages in the order given above.

AFFY SCHOLARSHIP RULES

Revised 10/06/1998, Amended 03/02/1995, Amended 10/01/1994, Amended 05/07/2003, Amended 05/13/2007, Amended 10/01/2015

1. **The applicant must be a daughter, granddaughter, great granddaughter, son, grandson, or great grandson of a veteran of WWII, Korean Conflict, Vietnam, Lebanon, Grenada, Panama, Persian Gulf, Desert Storm, or Iraq War. The candidate must have resided in Adams, Franklin, Fulton, or York County for at least one year. The applicant must be a Senior in high school and accepted at the school they plan to attend or a Junior with early acceptance to college. Step relatives are also eligible.**
2. **The applicant must submit with application a letter from their high school administrator.**
3. **Must have a copy of the veteran's DD214 form or honorable discharge.**
4. **Include a report of applicant's grade point average.**
5. **Include a list of extra-curricular activities in school.**
6. **Include a list of participation in community and civic activities.**
7. **Photograph of applicant.**
8. **A copy of the letter of acceptance from the college, trade school, or business school they plan to attend.**
9. **An attached essay of a minimum of 500 words describing your vocational or professional objectives.**
10. **The applications for the scholarship must be submitted to the American Legion Auxiliary Post #14 scholarship chairman by April 1st, 2024. It is the unit's responsibility to submit the applications to the Council Committee by April 15th, 2024. The Council Scholarship Committee is composed of a member from each of the four counties and the Council President. They will determine the winners and the recipients will be notified.**
11. **There will be two scholarships awarded at the beginning of the school year.**
12. **Applications are available from all committee and unit members.**
13. **Funds for the scholarships are derived from the ALA per capita tax of each member and the donations from each Unit. The fund will be kept separate and known as Council Scholarship Fund.**
14. **Your application must be returned by mail or delivered to:**

**American Legion Auxiliary Post #14
201 Carlisle Street
Hanover, PA 17331**

Attention: Peg

ADAMS, FRANKLIN, FULTON, YORK COUNTY COUNCIL

SCHOLARSHIP APPLICATION

NAME: _____ BIRTHDAY: _____

ADDRESS: _____

COUNTY: _____ PHONE: _____ EMAIL: _____

FATHER'S NAME: _____

OCCUPATION: _____

MOTHER'S NAME: _____

OCCUPATION: _____

VETERAN ELIGIBILITY: _____

THE COLLEGE OR SCHOOL YOU ARE PLANNING TO ATTEND FOLLOWING GRADUATION:

WHAT IS YOUR INTENDED FIELD OF STUDY OR COLLEGE MAJOR?

WHY DID YOU CHOOSE THIS FIELD OF STUDY OR MAJOR?

WHAT ARE YOUR VOCATIONAL OR PROFESSIONAL OBJECTIVES? ATTACH A MINIMUM OF 500 WORD ESSAY ON THIS SUBJECT.

Signature of Applicant