



\$400 Senior Member Scholarship
American Legion Auxiliary – Department of South Dakota

Objective: South Dakota American Legion Auxiliary shall award annually a \$400 scholarship to be used for attending either a technical institution or college/university

Eligibility: The applicant must be a Senior member, and have been a Junior or Senior member of the South Dakota American Legion Auxiliary for at least three years, and be a current member. She must be in need of financial assistance.

Requirements: The applicant must be attending, or will be attending, a college/university or technical institute. She shall submit

- (1) Two letters of recommendations, one from a local or Department officer of the American Legion Auxiliary, and the other from a community, school or church representative.
- (2) a resume of Auxiliary/community/school activities, honors and awards.
- (3) an essay of 200-400 words entitled Why I am a Member of the American Legion Auxiliary.
- (4) a copy of her most recent high school/university transcript.
- (5) the completed application to include financial need.

Criteria: Judges will select the winner on the basis of Americanism, 30%; Essay, 20%; Academics, 20%; Financial need 20%; References, 10%.

Notification of winner shall be done by mail.

Deadline to Department Education Chairman by March 1.

Mail to:
JaKelle Hardy
PO Box 32
Langford, SD 57454
Phone (605) 493-6639

Verification of receipt of application by the Department Education Chairman may be obtained by enclosing a self-addressed, stamped envelope with the application.

In the event the applicant is awarded a National and a South Dakota scholarship, or two South Dakota scholarships, she must relinquish the lesser of the two to her alternate.



Application for \$400 Senior Member Scholarship

Name _____ Phone # _____

Address/ City/State/Zip _____

Date of enrollment in the American Legion Auxiliary _____

Total number of years membership _____ Occupation _____

Name and address of college/university or technical institute you will be attending

Financial Statement

Marital Status: Married _____ Widowed _____ Single _____

Annual Gross Income including all income such as pensions, SS, SSA, GI Bill, etc. _____

Number of dependents under the age of 18 _____ Over 18 _____

Personal statement of Financial Need:

Signature of Applicant _____ Date _____

Mail application and required documents by March 1 to:

Jakelle Hardy

PO Box 32

Langford, SD 493-6639

Phone (605) 695-9695