



American Legion Auxiliary, Department of Michigan

APPLICATION FOR MEDICAL CAREER SCHOLARSHIP
DEADLINE: POSTMARKED NO LATER THAN MARCH 15, 2010

MAIL COMPLETED SCHOLARSHIP APPLICATION WITH REQUIRED ATTACHMENTS TO:

Norma Wojack
81 W Clarke Avenue
Coldwater, MI 49036

ELIGIBILITY: Daughters, granddaughters, great-granddaughters, sons, grandsons, great-grandsons, or step of the afore mentioned, wives, husbands or widows of honourably discharged or deceased men or women veterans of World War I, April 6, 1917 - November 11, 1918; World War II, December 7, 1941 - December 31, 1946; Korean Conflict, June 25, 1950 - January 31, 1955; Vietnam Hostilities, February 28, 1961 - May 7, 1975; Grenada and Lebanon Hostilities, August 24, 1982 - July 31, 1984; Panama Hostilities, December 2, 1989 - January 31, 1990; Persian Gulf, August 2, 1990 to Date to be set by Congress.

Name _____

Home Address _____ City _____ Zip _____

Phone Number (include area code) _____ Birth Date _____

Grade Point Average _____

Application for (check one):

Registered Nurse _____ Licensed Practical Nurse _____
Physical Therapists _____ Respiratory Therapists _____
Other _____

Applicant's relationship to the Veteran: _____

Veteran Served in: _____ World War I, April 6, 1917 - November 11, 1918
_____ World War II, December 7, 1941 - December 31, 1946
_____ Korean Conflict, June 25, 1950 - January 31, 1955
_____ Vietnam Hostilities, February 28, 1961 - May 7, 1975
_____ Grenada & Lebanon, August 24, 1982 - July 31, 1984
_____ Panama Hostilities, December 2, 1989 - January 31, 1990
_____ Persian Gulf, August 2, 1990 to Date to be set by Congress

What medical career school in Michigan do you plan to attend? _____

Address _____ City _____ Zip _____

ACCEPTED _____ PENDING _____

INCOME INFORMATION

Mother Name _____ Father Name _____
Place of Employment _____ Place of Employment _____
Occupation _____ Occupation _____
W2/1099 Income _____ W2/1099 Income _____

OTHER INCOME:

Alimony _____ Alimony _____
Social Security Benefits _____ Social Security Benefits _____
Pension/Retirement _____ Pension/Retirement _____
Child Support _____ Child Support _____
Other Income _____ Other Income _____
Total Household Gross Incomes _____
Number of **DEPENDENT CHILDREN** at home (including yourself) _____
How many are in high school? _____ How many are in College? _____

What plans have you and your family made for financing your education? _____

Have you been granted other scholarships? Yes _____ No _____, if yes, describe source, amount, and duration.

If your education was interrupted because of illness, employment, or travel, please describe the circumstances.

List extra-curricular activities _____

Describe briefly how you became interested in a medical career _____

I agree to enter a basic medical career program if I am awarded this scholarship. In the event I do not complete the year I promise to repay to the American Legion Auxiliary the unused portion of the scholarship.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Be sure to include:

1. Completed Application Form
2. Copy of Veteran's Discharge papers (may be obtained from County Clerk's Office where veteran resides)
3. Copy of High School Transcript
4. Copy of Parent/Guardian's Income Tax Form (1040 pages 1&2) for 2008 or 2009 or a Federal FAFSA Form completed in 2010.
Please blacken out Social Security Numbers for privacy purposes.
5. Three (3) letters of recommendation

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