

NATIONAL EDUCATION AWARDS

- 1) Please follow instructions as you fill out the National Report and Awards Cover Sheet found in the awards section of the Plan of Action.
- 2) Provide details/examples about the activity as outlined in the award's materials and guidelines section.

A. Unit Award: Most Outstanding Unit Education Program (per division)

- Deadline: May 1, 2023
- Send to Department chairman postmarked or emailed by 5 p.m. EST on the deadline listed above.

B. Department Award: Best Department Education Program (per division)

- Deadline: May 1, 2023
- Send to national division chairman postmarked or emailed by 5 p.m. EST on the deadline listed above.

National Scholarships

Scholarship applications are available for download on the national website, at www.ALAforVeterans.org/scholarships

A. Children of Warriors National Presidents' Scholarship

- Scholarship applications should be sent to the Department Education Chairman.
- Deadline: February 15, 2023

B. The Non-Traditional Student Scholarship

- Scholarship applications should be sent to the Department Education Chairman.
- Deadline: February 15, 2023

C. Spirit of Youth Scholarship

- Scholarship applications should be sent to the Department Education Chairman.
- Deadline: February 15, 2023

D. Junior Auxiliary Loyalty Scholarship

- Scholarship applications should be sent to the Department Education Chairman.
- Deadline: February 15, 2023
- Two scholarships in the amount of \$2,500 will be awarded in each American Legion Auxiliary division, for a total of ten scholarships.
- Candidates for this award shall have been Junior members of the American Legion Auxiliary, held membership in the American Legion Auxiliary for the past three consecutive years (2020, 2021 and 2022) and must be a paid member for the current (2023) membership year. Applicant must continue her membership in the American Legion Auxiliary during the scholarship period. Applicant must have completed at least one semester of college but not yet attained a bachelor's degree and have at least a 3.0 GPA using a 4.0 base.
- This scholarship is intended for the traditional student with no interruption in her education, who is at least in her first semester of college but not yet attained a bachelor's degree. Any member who is non-traditional student (a student who returning to the classroom after some time away from college) is welcome to apply for the American Legion Auxiliary Non-Traditional Scholarship

Can
download
application
get to me
by Feb 1, 2023
so I
can mail
to proper
Chairman

**2022-2023 American Legion Auxiliary
Department of New York
Education**

Department Chairman

Anne Baglio
62 Childs Street
Springville, NY 14141
C-716-432-1354
nyalaeducation@gmail.com

The American Legion Auxiliary's Education Program promotes our schools to provide quality education for children through Veterans in the classroom activities, literacy programs, scholarship promotions and support of education beyond high school, with a special emphasis on children of veterans and service members.

DEPARTMENT OF NEW YORK SCHOLARSHIPS

The following Scholarships are being offered by the Department of New York American Legion Auxiliary. Please refer to the rules and requirements for each scholarship application. All Department Scholarships are available on the Department website.

- 7 applications each has to have cover sheet
- Department Scholarship
 - Ten Department District Scholarships
 - Raymond T. Wellington, Jr. Memorial Scholarship
 - Helen Klimek Student Scholarship
 - Mary Ann K. Murtha Memorial Scholarship
 - Cerullo Memorial Scholarship (Sons of the American Legion)
 - Past Presidents Parley Scholarship in the Medical Field

Due to Susan
Early
mid February
2023

DEPARTMENT AWARDS AND RULES

- Entries must be typed, double spaced, not to exceed 1,000 words.
- Word count in lower left corner of cover sheet unless otherwise noted under award instructions.
- Entries must be in narrative form and placed in a folder.
- Pictures, newspaper clippings and other materials and/or documents may be included.
- All entries must include a cover sheet with the name of the award entry, name of the Unit/County/District, name and address of the Unit/County/Chairman.
- Entries must be received by the Department Chairman no later than MAY 1st unless a different date is specified.

Department of New York Education Unit Award: A certificate will be presented to a unit Education Chairman reporting the most outstanding overall Education program.

10-75 members

76-150 members

151 + members.

Mary Williams County Award: A certificate will be presented to a County Education Chairman reporting the most outstanding year-round Education program.

AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC
1580 Columbia Turnpike, Bldg. #1, Suite #3, Castleton-on-Hudson, NY 12033
(518) 463-1162 / 800 421-6348 / Fax (518) 449-5406

SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

☒ Department Scholarship

Department District Scholarship

Raymond T. Wellington, Jr. Memorial Scholarship

Past President Parley Student Scholarship (Medical Field)

Helen Klimek Student Scholarship

Mary Ann K. Murtha Memorial Scholarship

The Cerullo Memorial Scholarship (Sons of The American Legion)

Past Presidents Parley Scholarship Medical Field

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED.** Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You **MUST** include the following with applications:

- Four letters of recommendation: which include one from the principal or guidance counselor, one from clergyman of choice or other church affiliate, and two from representative citizens.
- One certified copy of high school grades with the embossed seal.
- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____

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DEPARTMENT SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please contact the American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces from December 7, 1941, until the current date.
2. Applicant must be United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit **ONE** application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:
 - a) Need-20% Actual need of financial assistance to continue higher education.
 - b) Character-30% High standards of conduct, keen sense of right, adherence to truth and conscience, strength of character, devotion to church and daily duties.
 - c) Americanism - 20% Fine ideals, love of Country, ability to accept citizen's responsibilities.
 - d) Leadership-10% Ability to lead and to accomplish through action, personal magnetism, guidance and thought of others.
 - e) Scholarship-20% Scholastic attainment with rating in class, evidence of industry and application in studies.
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. Original article written by applicant consisting of no more than 500 words, on a subject of his/her choice.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than **MARCH 1ST**.

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DEPARTMENT SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1st.

Name of Applicant		Telephone	
Street Address	City	State	Zip Code
Name of Parent		Address (if different from above)	
Name of Veteran providing eligibility		Relationship to Applicant	
Branch of service of veteran		Dates of Service	
Name of Applicants High School		Date of Graduation	
Name of College Applicant plans to attend		Course of Study	
Street Address	City	State	Zip Code
\$			
Total Family Income over 18	Number of Dependents under 18	Number of Dependents	
Signature of Applicant		Date	
Signature of Unit President Chairman		Signature of Unit Education	
Unit Name and Number	County	District	
Signature of County Chairman	Name of County Chairman	County	

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES

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SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

_____ Department Scholarship
_____ / Department District Scholarship
_____ J Raymond T. Wellington, Jr. Memorial Scholarship
_____ Past President Parley Student Scholarship (Medical Field)
_____ Helen Klimek Student Scholarship
_____ Mary Ann K. Murtha Memorial Scholarship
_____ The Cerullo Memorial Scholarship (Sons of The American Legion)
_____ Past Presidents Parley Scholarship Medical Field

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED.** Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You **MUST** include the following with applications:

- Four letters of recommendation: which include one from the principal or guidance counselor, one from clergyman of choice or other church affiliate, and two from representative citizens.
- One certified copy of high school grades with the embossed seal.
- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____

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DEPARTMENT DISTRICT SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces during World War 1 or from December 7, 1941, until the current date.
2. Applicant must be a United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit ONE application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:
 - a. Need-20% Actual need of financial assistance to continue higher education.
 - b. Character-30% High standards of conduct, keen sense of right, adherence to truth and conscience, strength of character, devotion to church and daily duties.
 - c. Americanism-20% Fine ideals, love of Country, ability to accept citizen's responsibilities.
 - d. Leadership-10% Ability to lead and to accomplish through action, personal magnetism, guidance and thought of others.
 - e. Scholarship-20% Scholastic attainment with rating in class, evidence of industry and application in studies.
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
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7. Original article written by applicant consisting of no more than 500 words, on a subject of his/her choice.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1ST.

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DEPARTMENT DISTRICT SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1.

Name of Applicant		Telephone	
Street Address	City	State	Zip Code
Name of Parent		Address (if different from above)	
Name of Veteran providing eligibility		Relationship to Applicant	
Branch of service of veteran		Dates of Service	
Name of Applicant's High School		Date of Graduation	
Name of College Applicant plans to attend		Course of Study	
Street Address	City	State	Zip Code
\$			
Total Family Income	Number of Dependents under 18	Numbers of Dependents over 18	
Signature of Applicant		Date	
Signature of Unit President		Signature of Unit Education Chairman	
Unit Name and Number	County	District	
Signature of County Chairman	Name of County Chairman	County	

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SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

_____ Department Scholarship
_____ Department District Scholarship
_____ ☒ Raymond T. Wellington, Jr. Memorial Scholarship
_____ Past President Parley Student Scholarship (Medical Field)
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_____ Mary Ann K. Murtha Memorial Scholarship
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- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____

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RAYMOND T. WELLINGTON JR. MEMORIAL SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of Veterans that served in the Armed Forces during World War 1 or from December 7, 1941, until the current date.
2. Applicant must be a United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit ONE application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:

a. Character	15%
b. Leadership	15%
c. Americanism	15%
d. Community Involvement	15%
e. Financial	20%
f. Scholarship	20%
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of the applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. An autobiographical account written by the applicant of not more than 700 words (typed) which includes his/her interests and experiences, long range plans and goals.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1ST.

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RAYMOND T. WELLINGTON JR. MEMORIAL SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1.

Name of Applicant			Telephone
Street Address	City	State	Zip Code
Name of Parent		Address (if different from above)	
Name of Veteran providing eligibility		Relationship to Applicant	
Branch of service of veteran		Dates of Service	
Name of Applicant's High School		Date of Graduation	
Name of College Applicant plans to attend		Course of Study	
Street Address	City	State	Zip Code
\$			
Total Family Income	Number of Dependents under 18	Numbers of Dependents over 18	
Signature of Applicant		Date	
Signature of Unit President		Signature of Unit Education Chairman	
Unit Name and Number	County	District	
Signature of County Chairman	Name of County Chairman	County	

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SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

_____ Department Scholarship
_____ Department District Scholarship
_____ Raymond T. Wellington, Jr. Memorial Scholarship
_____ / Past President Parley Student Scholarship (Medical Field)
_____ Helen Klimek Student Scholarship
_____ Mary Ann K. Murtha Memorial Scholarship
_____ The Cerullo Memorial Scholarship (Sons of The American Legion)
_____ Past Presidents Parley Scholarship Medical Field

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED.** Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You **MUST** include the following with applications:

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- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____

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PAST PRESIDENTS' PARLEY SCHOLARSHIP IN MEDICAL FIELD

There will be one scholarship of \$1000 awarded to an eligible candidate planning to further his/her higher education in the Medical Field. When awarded, the scholarships will be paid directly to the school in two installments in accordance with payment of first semester and second semester tuition and other costs. Contact the Department Office after being notified of being selected.

RULES

1. Candidates for this award shall be daughters, granddaughters, great granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces during World War I or from December 7, 1941, until the current date.
2. Applicant must be a United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit ONE application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:
 - a. Need-20% Actual need of financial assistance to continue higher education.
 - b. Character-30% High standards of conduct, keen sense of right, adherence to truth and conscience, strength of character, devotion to church and daily duties.
 - c. Americanism-20% Fine ideals, love of Country, ability to accept citizen's responsibilities.
 - d. Leadership-10% Ability to lead and to accomplish through action, personal magnetism, guidance and thought of others.
 - e. Scholarship – 20% Scholastic attainment with rating in class, evidence of industry and application in studies.
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed Application form.
2. A certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation: One from principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate, and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, leadership and scholarship of the applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and or a letter from the college stating date certification will be received from the school he or she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. Original article, written by applicant, of no more than 500 words on "Why I selected the medical field."
8. Applications must be signed by the applicant, the Unit President and the Education Chairman of the sponsoring unit. All applications must be returned to the sponsoring unit no later than March 1st.

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Department of New York
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PAST PRESIDENTS' PARLEY STUDENT SCHOLARSHIP IN MEDICAL FIELD

Note: This application must be submitted to the sponsoring unit no later than March 1st.

Name of Applicant: _____

Phone Number: _____ Email: _____

Complete Address: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Address if Different from above:

Name of Veteran proving eligibility: _____ Relationship: _____

Branch of Service of veteran _____ Dates of Service: _____

Name of Applicants High School: _____ Graduation Date: _____

Name of College/University applicant plans to attend: _____

College or University Address: _____

Course of Study: _____ Total Family Income: \$ _____

Number of dependents under 18: _____ Number of Dependents over 18: _____

Signature of Applicant: _____ Date: _____

Unit Name and Number _____

Signature of Unit President: _____

Signature of Unit Education Chairman _____

Signature of County Chairman

Name of County Chairman County

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES

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HELEN KLIMEK STUDENT SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces during WWI, or from December 7, 1941 until the current date.
2. Applicant must be United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit **ONE** application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.

Selection will be made on the following basis:

- | | |
|--------------------------|-----|
| a. Character | 15% |
| b. Leadership | 15% |
| c. Americanism | 15% |
| d. Community Involvement | 15% |
| e. Financial | 20% |
| f. Scholarship | 20% |
6. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. An article written by applicant consisting of not more than 700 words (typed) on the significance of value of volunteerism as a resource toward the positive development of the applicant's personal and professional future.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1ST.

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HELEN KLIMEK STUDENT SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1.

Name of Applicant		Telephone	
Street Address	City	State	Zip Code
Name of Parent		Address (if different from above)	
Name of Veteran providing eligibility		Relationship to Applicant	
Branch of service of veteran		Dates of Service	
Name of Applicant's High School		Date of Graduation	
Name of College Applicant plans to attend		Course of Study	
Street Address	City	State	Zip Code
\$			
Total Family Income	Number of Dependents under 18	Number of Dependents over 18	
Signature of Applicant		Date	
Signature of Unit President		Signature of Unit Education Chairman	
Unit Name and Number	County	District	
Signature of County Chairman	Name of County Chairman	County	

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES

AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK, INC
1580 Columbia Turnpike, Bldg. #1, Suite #3, Castleton-on-Hudson, NY 12033
(518) 463-1162 / 800 421-6348 / Fax (518) 449-5406

SCHOLARSHIP COVER SHEET

NOTE: THIS SHEET MUST ACCOMPANY EACH APPLICATION.

NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

IT IS IMPERATIVE TO READ AND FOLLOW
ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

_____	Department Scholarship
_____	Department District Scholarship
_____	Raymond T. Wellington, Jr. Memorial Scholarship
_____	Past President Parley Student Scholarship (Medical Field)
_____ <input checked="" type="checkbox"/>	Helen Klimek Student Scholarship
_____	Mary Ann K. Murtha Memorial Scholarship
_____	The Cerullo Memorial Scholarship (Sons of The American Legion)
_____	Past Presidents Parley Scholarship Medical Field

NOTE: If applying for more than one scholarship, **ONLY ONE ORIGINAL TRANSCRIPT WITH EMBOSSED SEAL AND FOUR ORIGINAL RECOMMENDATION LETTERS ARE NEEDED.** Copies will be accepted for other applications (recommendation letters and a copy of the transcript where the embossed seal is evident). You **MUST** include the following with applications:

- Four letters of recommendation: which include one from the principal or guidance counselor, one from clergyman of choice or other church affiliate, and two from representative citizens.
- One certified copy of high school grades with the embossed seal.
- Statement of extracurricular activities.
- Statement of participation in Civic affairs.
- Certificate of acceptance and/or letter from the college, etc.
- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____

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MARYANN K. MURTHA MEMORIAL SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughters, sons, grandsons, or great-grandsons of veterans who served in the Armed Forces during World War 1 or from December 7, 1941, until the current date.
2. Applicant must be United States citizen and a resident of New York State.
3. Applicant must be a senior or a graduate of an accredited high school.
4. Each Auxiliary Unit may submit **ONE** application by March 5th, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant.
5. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15th.
6. Selection will be made on the following basis:

a. Character	15%
b. Leadership	15%
c. Americanism	15%
d. Community Involvement	15%
e. Financial	20%
f. Scholarship	20%
7. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIREMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters of recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. Copy of your FAFSA application summary and/or confirmation sheet only.
7. An article written by applicant consisting of not more than 700 words (typed) stating what plans and goals she/he has for the future and how she/he hopes to use talent and education to help others.
8. Application must be signed by the applicant, the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than **MARCH 1ST**.

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MARYANN K. MURTHA MEMORIAL SCHOLARSHIP

Note: This application must be submitted to the sponsoring unit no later than March 1.

Name of Applicant		Telephone	
Street Address	City	State	Zip Code
Name of Parent		Address (if different from above)	
Name of Veteran providing eligibility		Relationship to Applicant	
Branch of service of veteran		Dates of Service	
Name of Applicant's High School		Date of Graduation	
Name of College Applicant plans to attend		Course of Study	
Street Address	City	State	Zip Code
\$			
Total Family Income	Number of Dependents under 18	Number of Dependents over 18	
Signature of Applicant		Date	
Signature of Unit President Chairman		Signature of Unit Education	
Unit Name and Number		County	District
Signature of County Chairman	Name of County Chairman	County	

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SCHOLARSHIP COVER SHEET

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NAME: _____
ADDRESS: _____
PHONE#: _____ DATE OF BIRTH: _____

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ALL RULES FOR EACH SCHOLARSHIP CATEGORY

Please check the scholarship for which you are submitting.

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_____ Mary Ann K. Murtha Memorial Scholarship
_____ ✓ The Cerullo Memorial Scholarship (Sons of The American Legion)
_____ Past Presidents Parley Scholarship Medical Field

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- Essay requirement (see individual scholarship requirement for topic).
- Copy of your FAFSA application summary and/or confirmation sheet only.
- **Must be sponsored by a local American Legion Auxiliary Unit. Signature of Unit President and Education Chairman required.**
- No Auxiliary Unit may submit more than one candidate for each scholarship competition.
- **MUST BE RECEIVED BY THE UNIT CHAIRMAN NO LATER THAN MARCH 1ST.**

Unit: _____ County: _____ District: _____



Sons of The American Legion

DETACHMENT OF NEW YORK

1304 Park Blvd, Troy, NY 12180

(518) 463-2215 Fax (518) 427-8443 *

Email: info@nylegion.org * Website: www.ny.legion.org

THE CERULLO MEMORIAL SCHOLARSHIP FUND RULES

Up to four (4) Scholarships in the amount of \$500.00 each will be awarded annually. One (1) new and up to three (3) renewable scholarships to previous winners, see Rule 5. This is a gift scholarship – not a loan. We welcome donations towards funding.

1. Candidates for this award must be MEMBERS in good standing in The American Legion, American Legion Auxiliary, or Sons of The American Legion in New York State and are in their senior year or are graduates of an accredited High School.
2. There will be no limit to the number of applications that any one Squadron, Post or Auxiliary Unit may wish to submit.
3. Applications are mailed to all registered Squadrons; additional applications may be photocopied. Completed applications must be returned to Detachment Headquarters, ATTN: SONS Coordinator, by April 30th.
4. Each application shall be certified by the Detachment Scholarship Chairman.
5. PREVIOUS WINNERS may receive up to three (3) additional annual awards – SIMPLY reapply by completing a new application, No Article is necessary. Years won MUST be entered.

SELECTION PROCEDURES:

1. A Committee of at least five (5) distinguished members of the Detachment of New York Sons of The American Legion will serve as judges.
2. A representative of the Detachment of New York Sons of The American Legion will present the award at the Detachment Convention.
3. Candidates shall be selected on the following basis: 25% each for: Americanism, Character, Leadership and Scholarship.
4. The decisions of the Selection Committee are final and are published in a Detachment mailing.

SONS COORDINATOR will forward all applications together to the Chairman within one week after the due date.

THE FOLLOWING MUST ACCOMPANY THIS APPLICATION.

1. Copy of APPLICANT'S current-year Membership Card.
2. An article written by applicant, consisting of no more than 200 words, subject being: THE CONSTITUTION.
3. A certified transcript of high school or college grades.
4. Listing of extra-curricular activities, participation in civic activities, employment, and number of hours worked per week, paid and volunteer work.
5. (High School Seniors Only) Certificate of acceptance and/or letter stating date you will receive it from the school or college you will attend.

Send by April 30th to:

1304 Park Blvd, Troy, NY 12180 ATTN: SONS Coordinator.

**SONS OF THE AMERICAN LEGION DETACHMENT OF NEW YORK
ROCCO & VIRGINA CERULLO SCHOLARSHIP APPLICATION**

Name of Applicant _____ Previous Winner? – Years _____

Address _____ Date of Birth _____

Home Telephone Number (____) _____

Father's Name _____ Mother's Name _____

If both parents are deceased, person responsible for your financial support:

(Name & Address) (Relationship)

High School Attended _____
(Name & Address)

Date of Graduation _____ Age at Graduation _____

College or Trade School Applicant expects to attend or is presently attending:

(Name & Address)

Type of program you expect to enter or are presently enrolled in: (Check One)

Two-year Program _____ Four-year Program _____

Other _____

Has application for admission been submitted to college? Yes _____ No _____ Have you been accepted? Yes _____ No _____

What is the fixed cost to each student per semester in the program you plan to enter or are presently attending: \$ _____

How will the cost of college be financed? (Optional) _____

(Signature of Applicant) (Signature Detachment Scholarship Chairman) (Date)

(Name and Number of Organization) # (County)