AMERICAN LEGION AUXILIARY, DEPARTMENT OF
CT DEPARTMENT EDUCATION GRANT
INFORMATION SHEET

DO NOT DETACH THIS COVER SHEET!

Attached is an application for a $500.00 Department of Education Grant, which is being offered by the American Legion Auxiliary, Department of Connecticut. The completed application with this cover sheet and all required documents **MUST** be returned to the Education Department Chairman.

Department Chairman: Attention: Department Education Chairman
elainekotler@yahoo.com

The Department Chairman **MUST** receive the application and all required documents no later than **March 30, 2025.**

Sincerely,

Elaine Kotler

Department Education Chairman

AMERICAN LEGION AUXILIARY, DEPARTMENT OF CONNECTICUT
DEPARTMENT EDUCATION GRANT-INFORMATION SHEET
DO NOT DETACH INFORMATION SHEET FROM APPLICATION

OBJECTIVE; At least FOUR $500 Department Education Grants are to be awarded by the American Legion Auxiliary, Department of Connecticut. One-half to assist Veterans' Children to secure an education beyond the high school level. The other half of the Grants to be awarded to a child or grandchild of a member of The American Legion/American Legion Auxiliary, Department of Connecticut (or a member at the time of their death), or to the child or grandchild who is a member of the American Legion Auxiliary or Sons of the American Legion, Department of Connecticut.

NAME OF EDUCATION GRANTS: These Education Grants shall be called DEPARTMENT EDUCATION GRANTS in honor of all deceased American Legion Auxiliary members.

ELIGIBILITY:

Candidates **must be**

A. a child of a Veteran and a resident of Connecticut

OR

B. a child/grandchild of a member of The American Legion/American Legion Auxiliary, Department of Connecticut (no residency requirement for applicant), or of whom was a member at the time of their death

OR

C. a member of the American Legion Auxiliary or Sons of the American Legion, Department of Connecticut (no residency required for applicant)

Additionally, candidates **must**

D. be between the ages of 16 and 23 years of age.

E. show need of financial assistance to continue their education.

F. have a high school education or its equivalent and be enrolled in or eligible for entry into a college, university, technical school, professional school, which meets the approval of the committee.

APPLICATION: Completed application together with **transcript** of grades to include current year's grades and one (1) letters of recommendation, MUST BE E-MAILED TO the Department Chairman listed on the cover page by**, MARCH 30,2025.**

1. Secure a letter of recommendation from 1 of the 3 sources (must be dated during the current school year):
    a. The applicant's guidance counselor or college advisor
    b. Spiritual advisor or clergyman of church student attends
    c. Another adult citizen who is acquainted with the applicant but NOT a relative. Employers or directors of volunteer groups with which the applicant works are acceptable.
2. Please also attach a list of school and community activities on a separate sheet of paper.

All These rules must be followed exactly to be eligible. All information will be kept confidential.

APPLICATION FOR AN AMERICAN LEGION AUXILIARY DEPARTMENT EDUCATION GRANT

1. Name of Applicant _____

2. Address _____

   City/Town _____Zip _____ Date of Birth_____

3. Phone: (H) _____(C) _____Email _____

4. Name of Parent/Person by which applicant is eligible _____

5. Relationship _____ Living ( ) Deceased ( ) Divorced ( )

6. Number of dependent children in family _____ Number under 18 years _____

7. Number over 18 years _____ Explain why dependent _____

8. Occupation of Father/Stepfather _____ Annual Income _____
   Occupation of Mother/Stepmother_____ Annual Income _____
   Occupation of Husband/Wife _____ Annual Income _____

9. Compensation or Pension received by parent(s) $_____and/or children _____

10. Are you eligible for Survivor's or Dependent's Education Benefits? _____

11. Are you eligible for or drawing Social Security payments? _____ Amount$_____

12. Are Parents/Grandparents members of The American Legion ( ) or American Legion Auxiliary ( )?
    Number of Post or Unit_____ Town _____
    Current Membership card #_____

13. Are you a member of the American Legion Auxiliary ( ) or Sons of the American Legion ( )?

    Number of Unit or Squadron _____ Town _____
    Current membership card #_____

14. If not a member of the American Legion Family, a copy of the DD214 (discharge papers) of Veteran under whom you are eligible. Social Security number needs to be whited out.

15. College, University or Technical School the applicant plans to attend _____
    Location _____ the applicant plans to pursue _____

16. Date of Graduation from High School _____

17. Have you ever applied for or have been awarded another scholarship or grant?_____
    If yes, list amount $ _____ When?_____

18. Cost of tuition for schooling for the coming year $_____

Please include a short essay of "How will receiving this grant help in achieving my future goals?"

SIGNATURE OF APPLICANT _____

Date _____ Phone: (H) _____ (C) _____

Email _____

PLEASE BE SURE YOU HAVE CHECKED APPLICATION CAREFULLY AND THAT ALL REQUIRED DOCUMENTS LISTED ON THE ATTACHED INFORMATION SHEET HAVE BEEN MET AND THAT YOU HAVE SIGNED THE APPLICATION. EMAIL COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO EMAIL ADDRESS ON COVER PAGE ONE

Note: If received at Unit, Unit President or Secretary, please return COMPLETED application with all required documents to the Department Chairman ALL in one envelope, postmarked no later than March 30, 2025 to:

ALA Department of CT
Attention Education Chairman
PO Box 266
Rocky Hill, CT 06067