

**2024**  
**THE AMERICAN LEGION**  
**DEPARTMENT OF IDAHO**  
**SCHOLARSHIP PROGRAM**

1. The Department of Idaho American Legion Scholarship Program is for the benefit of all deserving Students who desire to advance in higher education or skills.
2. Only Applicants of CURRENT paid up American Legion Members and/or American Legion Auxiliary Members who have been Active Members in the Department of Idaho American Legion and/or Auxiliary for a period of two (2) years may apply for a Scholarship. Deceased Veteran exceptions will be referred to the Department Scholarship Committee.
3. Scholarships will be awarded only to Students who desire to advance in their education or trade while attending an accredited institution of higher education and/or Vocational/Technical Schools.
4. The Department Scholarship Committee will determine monetary value of Scholarships and the number of Scholarships released.
5. Consideration will be given to the Applicant's needs in determining Recipients of the Idaho American Legion Scholarships.
6. All Scholarships will be awarded on the basis of Applicant's desires and aspirations for becoming a more productive citizen.
7. All Scholarship funds will be released to the Recipient's school of choice. Endorsement of said check will be by both parties (educational institution and recipient). Should Recipient exit the institution at anytime, any fund balance must be returned to the American Legion Scholarship Fund.
8. The purpose of this Scholarship Program is to emphasize the image of the Youth of America.
9. Only Applicants who are SENIORS in High School this current year will be considered for Scholarships.

**AMERICAN LEGION SCHOLARSHIP PROGRAM**  
**DEPARTMENT OF IDAHO**

PART ONE: Personal Information (please print or type)

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Street or Box Number                      City                      State                      Zip

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

2. Name of Father \_\_\_\_\_ Address \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_                      Single \_\_\_\_\_ Married \_\_\_\_\_

3. Name of Mother \_\_\_\_\_ Address \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_                      Single \_\_\_\_\_ Married \_\_\_\_\_

4. Eligibility for Scholarship:    Father    Mother    Grandparent (Circle One)

Current Membership ID # \_\_\_\_\_ Post/Unit Number \_\_\_\_\_

5. Name/Branch of Parent/Grandparent's Service \_\_\_\_\_

6. Occupation of Father, step-parent, guardian \_\_\_\_\_

Occupation of Mother, step-parent, guardian \_\_\_\_\_

7. Do parent/children receive government compensation/pension: ( Y or N )

8. What other Scholarships or monetary awards have you been granted?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate total dollar amount awarded \_\_\_\_\_

9. The Educational Institution you desire to attend, \_\_\_\_\_  
(State of Idaho Educational institution, must be a 2 or 4 year accredited college, or Vocational Training Center)

What course of study do you plan to pursue? \_\_\_\_\_

10. Please list educational goals \_\_\_\_\_

\_\_\_\_\_

PART TWO: Activities

1. Participation in High School extra-curricular activities \_\_\_\_\_

\_\_\_\_\_

2. Offices held in class or school organizations \_\_\_\_\_

\_\_\_\_\_

3. Community involvement, offices held, awards, etc., and work experience

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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PART THREE: Supporting documentation

The following items must be included with the application:

- a) Educational aims
- b) Chosen career
- c) Plans for accomplishment
- d) Expectations of the duration for chosen course of study
- e) Financial needs
- f) Percentage of your personal contribution toward your educational expenses
- g) Percentage of parents contribution for your first year of school
- h) Certified High School transcript and/or GED equivalency

**RETURN COMPLETED APPLICATION BY June 1, 2024**

The American Legion  
Department of Idaho  
901 W. Warren Street  
Boise, ID 83706-3825

ATTN: American Legion Idaho Scholarship Committee