



**AMERICAN LEGION AUXILIARY, DEPARTMENT OF CONNECTICUT**  
**DEPARTMENT EDUCATION GRANT-INFORMATION SHEET**  
**DO NOT DETATCH 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, 2024.**

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 \_\_\_\_\_

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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 \$ \_\_\_\_\_ 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, 2024 to:  
ALA Department of CT  
Attention Education Chairman  
PO Box 266  
Rocky Hill, CT 06067