

OFFICIAL MERIT APPLICATION
AMERICAN LEGION AUXILIARY
SECOND DISTRICT, IOWA

It is the responsibility of the applicant to answer ALL questions and submit ALL requested materials.
The application will be disqualified if these requirements are not met.

1. _____
(Name) (Age) (Birthdate)

(Address) (Birthplace)

(City) (State) (Zip)

2. _____
(Parent's Names) (Parent's Address, if different)

If you are living with someone other than your parents, give their name, address and their relationship to you.
Number of people in family _____
Number of dependent Children _____
Ages of dependent children _____
Father's occupation _____
Mother's occupation _____
Total Annual family Income _____

3. I am eligible for application because (must choose at least one)

- a. I am a member of the American Legion
- b. I am a member of the Sons of the American Legion
- c. I am a member of the American Legion Auxiliary
- d. I am a member of the American Legion Auxiliary Juniors
- e. I am the _____ (relationship) of a Veteran of WW1, WWII, Korea, Vietnam, Grenada/Lebanon, Panama, Persian Gulf or present conflict Veteran (circle era).
Relationship eligibility for 3e. must be the mother, daughter, granddaughter, great granddaughter, sister, wife, son, grandson, great grandson, brother, widow, husband or step-relative of a WWI, WWII, Korea, Vietnam, Grenada/Lebanon, Panama, Persian Gulf or present conflict Veteran.

4. List the names and relationship of family members who are members of the American Legion and/or American Legion Auxiliary _____
(Name/Relationship)

Name/Relationship (Name/Relationship)

Are you a Veteran of military service? If yes, give service dates and service branch _____

5. List High School/College and date of expected graduation _____

Name and location of school in which you plan to enroll (must be in Iowa).

Area of study you plan to pursue _____

Length of time needed to complete _____

6. What have you done in the way of self-support? _____

Do you expect to support yourself while attending School? _____ If yes, please explain

Is anyone dependent upon you for support? _____ If yes, please explain

7. Check upon completion of the following requirements:

___a. Transcript of last scholastic record enclosed

___b. One letter of recommendation of one of the following: school counselor, a clergyman or a business professional. This recommendation should include items such as character, Americanism, basic need, etc.

___c. Personal letter containing the following information: Activities in church and community, hobbies, reasons you believe you deserve this merit award, any other personal information you wish to relay to the committee.

8. If you have been notified by the Merit Committee that you have been named a recipient of this Merit Award, it will be your responsibility to complete the following by January 10.

Notify the merit committee Chairperson of your successful completion of your first semester.

Also send a copy of your enrollment for the second semester at an Iowa college.

FAILURE TO DO SO WILL RESULT IN THE FORFEITURE OF THIS MERIT AWARD.

Date: _____

(Applicant's signature)

Applications must reach Merit Award Committee by March 15th.

(address)

(City, State, Zip)

phone _____ email _____