



**American Legion Auxiliary
Department of Colorado**

E: dept.sec.alacolorado@gmail.com

Past Presidents Parley Health Professional Scholarship

1. Candidates for this scholarship shall be a spouse, daughters, sons, granddaughters, grandsons, of a veteran who served honorably in the Armed Forces during the following eligibility dates for membership in the American Legion, as mandated by the Congress of the United States:

Men and Women who served in either of the following periods:

- April 6, 1917, to November 11, 1918
 - Any time after December 7, 1941 who, being a citizen of the United States at the time of their entry therein served on active duty in the Armed Forces of any of the governments associated with the United States during either eligibility periods and died in the line of duty or after honorable discharge;
2. Candidate must be a resident of Colorado.
 3. Previous Parley Scholarship winners are not eligible.
 4. No Unit may enter more than one candidate per year.
 5. Applications for Parley Scholarship may be secured from the local Unit president in the community in which the applicant resides or at the Department website www.alacolorado.com.
 6. **High School Graduates, after high school, or returning to school, at any age are eligible.**
 7. **Applicants must submit the completed application to the local Unit President prior to April 15th of the current year.**

7. It is the responsibility of the Unit to verify all necessary information in the application. There will be no exceptions.
8. After the Unit President certifies the Unit winner, **the application is mailed to the Department Secretary / Treasurer by May 1st of the current year.**
9. A committee of three will be appointed by the Parley Scholarship Chair to serve with her as judges for the awards. Their decision will be presented for approval at the Past Presidents Parley Luncheon at Department Convention.
10. The number of recipients and amounts of awards will be determined by the amount of contributions received from members of the Past Presidents Parley.
11. Judging, at all levels, shall be on the following criteria:

A. Scholarship/Ability	25%
B. Financial Need	25%
C. Essay	25%
D. References	13%
E. Dedication to Medical field	12%
12. Winner(s) of the scholarship will be paid half of the award at the time of entrance into school. The balance will be paid upon receipt of a satisfactory transcript of grades at mid-term.
13. If the recipient of the award is also a winner of the National President's Scholarship or any Department Scholarship, her/his alternate will then become the recipient of the Past Presidents Parley Scholarship.
14. Scholarship award is based on the available funds in the budget.

APPLICATION PACKET REQUIREMENTS

Completed applications for the Past Presidents Parley Health Professional Scholarship must contain the following information:

- A. The following four letters for recommendation are required:
 - 1. A letter from the Unit President certifying the Applicant is eligible for consideration for the scholarship.
 - 2. Two letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship, and leadership.

- B. An original essay of no more than 500 words on "Americanism."

- C. A current and a certified copy of your most recent school transcript or enrollment documentation.

- D. A completed application (see the following page).

Submit the completed packet in its entirety to the Department Secretary / Treasurer dept.sec.alacolorado@gmail.com by May 1st of current year. NONE OF THIS PACKET WILL BE RETURNED TO THE UNIT OR APPLICANT.

Please send to Department Secretary / Treasurer and put in the subject line PPP Scholarship Application. It will then be forwarded to the chair.

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Completed applications must be submitted to the **Unit President prior to April 15th** and the Unit President must send application to the Department Secretary / Treasurer no later than May 1st.

Name: _____ Date of birth: _____

Address: _____ Marital Status: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____ Dependents: _____

Name of spouse if married: _____ Salary: _____ If

living at home name of parents: _____

Father's occupation: _____ Salary: _____

Mother's occupation: _____ Salary: _____

If living at home, number of other children in the family:

Under 18 years of age: _____ Living in the home: Yes _____ No _____

Over 18 years of age : _____ Living at home: Yes _____ No _____

Government Compensation, pension or other income received by you or your family for themselves or for any children in the family.

Describe: _____

Applicant's relationship to the veteran: Self _____ Son _____ Daughter _____ Spouse _____

Grandchild _____ Great grandchild _____

Branch of service: _____ Dates of service: _____

Applicant's date of graduation: _____

Name and location of High School: _____

Other schools attended: _____

Name of college, university, vocational school, or medical training school applicant is planning on attending: _____

Describe your involvement in church, school, and community activities: _____

Add all other required materials to this application before submission to your Unit President prior to April 15th.