

**AMERICAN LEGION AUXILIARY DEPARTMENT OF TEXAS
PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP**

Scholarship Application Rules:

- Applicant shall be a resident of Texas
- Applicant must attend a qualified Texas Education Institution studying in the field of medicine
- Applicant must be the child, grandchild or great-grandchild of a veteran or a veteran in their own right having served during the eligibility dates for membership in The American Legion.
- Selection of recipients shall be based on financial need, goals of Applicant, character, citizenship and objectives.
- Application may be obtained from the American Legion Auxiliary website at www.alatexas.org or from a Past Presidents Parley committee member or from an American Legion Auxiliary Unit in the community in which the applicant resides.

Application Requirements:

1. A letter of not more than 500 words from the applicant stating their qualifications and intentions.
2. Three (3) original letters of recommendations which just be written within ninety (90) days of submission. (examples: acquaintances, current or previous employers, educators, etc)
3. Copy of DD-214 of the Veteran(s) referenced on the application.
4. Copy of high school or college transcript.
5. Application MUST be signed off by an American Legion Auxiliary Unit.
6. Application packet MUST be received NO LATER than **May 1, 2022**.

Mail Medical Scholarship Application packet to:

Marty Peters, Chairman
Past Presidents Parley Committee
1005 N. Main St
Cleburne TX 76033

Final determination shall be vested in the Past Presidents Parley Committee at the annual state convention and checks will be mailed directly to the college or university the applicant states they will be attending. If the applicant does not attend, the funds must be returned to the American Legion Auxiliary Department of Texas PO Box 140407, Austin TX 78714-0407

PLEASE NOTE: There are two different applications with different titles:

- ❖ **APPLICANT DEPENDENT ON PARENTS**
- ❖ **APPLICANT NOT DEPENDENT ON PARENTS**

Please be certain you select the appropriate application.

AMERICAN LEGION AUXILIARY DEPARTMENT OF TEXAS

PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP

APPLICANT: DEPENDENT OF PARENTS

Full Name of Applicant _____

Mailing Address _____

City/State/Zip _____ TX _____ MAJOR: _____

Telephone # () _____ - _____ Date of Birth: _____ - _____ - _____

Social Security # _____ - _____ - _____ email address: _____

Has applicant been chosen and received a medical scholarship from PPP in the past? YES NO

If so, When? _____

Application for Medical Scholarship is being made based on the Military Service of: (circle one:)

FATHER MOTHER SELF GRANDPARENT GREAT GRANDPARENT

Name of Veteran (if other than self) _____ living? _____

Address _____

Date entered active duty service _____ Date of Discharge _____

Type of Separation: _____ If deceased Date of Death: _____

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Monthly Earnings Income of Parent(s) \$ _____

Other income to household (i.e.: Pension, SSA, VA, Retirement, Rental, Investments, Royalties, etc) \$ _____

Number of children in the family: Under age 18 _____ Over age 18 _____ [including yourself]

Number of children currently attending college or university other than this applicant? _____

Additional dependents living in the household? _____

Applicant's date of high school graduation: _____ - _____ - _____

Grade point average last four years: _____ (CONTINUED ON NEXT PAGE)

APPLICATION – DEPENDENT ON PARENTS - PAGE TWO

NAME AND LOCATION OF HIGH SCHOOL _____

NAME, LOCATION & MAILING ADDRESS OF COLLEGE OR UNIVERSITY APPLICANT PLANS TO ATTEND: _____

COLLEGE GPA LAST YEAR _____

HAS APPLICANT BEEN ACCEPTED BY THIS COLLEGE/UNIVERSITY? _____

DESCRIBE ADDITIONAL SOURCES OF FINANCIAL SUPPORT WHICH WILL BE USED TO PAY FOR EDUCATION (IE: grants, student aid, other scholarships, etc) _____

SIGNATURE OF APPLICANT _____ DATE _____

NOTE: Scholarships are valid for 12 months after issue date. Checks not processed after that period will be considered null and void and non-replaceable.

BE SURE TO ATTACH ALL REQUIRED MATERIALS TO THIS APPLICATION AND SUBMIT TO THE AMERICAN LEGION AUXILIARY UNIT IN OR NEAR YOUR COMMUNITY FOR THEIR SIGNATURE AND THEY WILL SUBMIT TO THE COMMITTEE FOR CONSIDERATION.

This section to be completed by the SPONSORING UNIT PRESIDENT OR SCHOLARSHIP CHAIRMAN

Unit name _____ Unit # _____ District _____

Unit Mailing Address: _____

Unit recommendation/comments: _____

Signature of Unit President or Scholarship Chairman _____ date: _____

Application packet must be RECEIVED No Later than MAY 1, 2022. Mail complete packet to: Marty Peters PPP Chairman; 1005 N. Main St Cleburne TX 76033