

## Scholarship Application Rules:

- Applicant shall be a resident of Texas.
- Applicant plans to attend a Texas Education Institution, studying in the field of medicine.
- **(High School Student)** Applicant must be in his/her Senior year of High School for the 2024-2025 year
- Applicant is the child, grandchild, or great grandchild of a veteran or a veteran who served in the Armed Forces 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 objective.
- Application may be obtained from the American Legion Auxiliary website at [www.alatexas.org](http://www.alatexas.org) or from a Past Presidents Parley committee member or an Auxiliary Unit in the community in which the applicant resides.
- If awarded a Scholarship, student must be enrolled no later than August 1, 2025. Scholarships will **NOT BE** awarded for the 2026 – 2027 year enrollment. If student is enrolled, then decides not to attend the Fall Semester the scholarship will be null and voided.

### Application Requirements:

1. A letter not more than 500 words from the applicant stating their qualifications and intentions.
2. Three (3) original letters of recommendations which must be written within ninety (90) days of submission. (Example: acquaintances, present or previous employer or educator)
3. Copy of DD214 of Veteran(s) referenced on application.
4. Copy of high school or college transcript.
5. Application **MUST** be signed off by an American Legion Auxiliary Unit in the Department of Texas.
6. Application packet must be received NO LATER than May 1, 2025.

Mail Medical Scholarship Application to:  
Teresa Copeland  
Past President Parley Chairman  
2513 Valley Rancheros St, Mission TX 78574-4622  
or  
Email to: [tscunit37@gmail.com](mailto:tscunit37@gmail.com)

**New this year:** If the recipient is a High School Senior a Certificate will be sent to Unit for the purpose of awarding the Scholarship at the students' award ceremony.

Final determinations shall be vested in the Past Presidents Parley Chairman and Committee 30 Days prior annual state convention and checks will be mailed to the college or university the applicant will be attending no later than August 15, 2025. If the applicant decides not to attend, monies must be returned to the American Legion Auxiliary, Department of Texas.

American Legion Auxiliary  
Department of Texas  
Past Presidents Parley Medical Scholarship Application

**To be used if Application is "Not" Dependent on Parents**

Full Name of Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Applicant's Major \_\_\_\_\_  
School Account # (if applicable) \_\_\_\_\_

Has applicant received a Medical Scholarship from the Past Presidents Parley in the past?

Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_\_

Occupation \_\_\_\_\_

Monthly Income \_\_\_\_\_

Application for Scholarship is being made on Military Service of: (Circle One)

Father    Mother    Self    Grandfather    Grandmother    Great Grandfather    Great Grandmother

Name of Veteran if different from the applicant \_\_\_\_\_

Living \_\_\_\_ Deceased \_\_\_\_

Date entered Active Service \_\_\_\_\_ Discharge Date \_\_\_\_\_

Type of Separation or Discharge \_\_\_\_\_

Date of Birth \_\_\_\_\_ (if Deceased Date of Death) \_\_\_\_\_

Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Single \_\_\_\_

Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Monthly Income \_\_\_\_\_

If Veteran, give dates of service \_\_\_\_\_

If spouse is deceased, date of death \_\_\_\_\_

Number of children in family: Under 18 years of age \_\_\_\_ Over 18 years of age \_\_\_\_

Number of Dependents in the home other than immediate family \_\_\_\_\_

Date of High School graduation \_\_\_\_\_ Grade average last four years \_\_\_\_\_

Name and location of High School \_\_\_\_\_

Name and location, including exact mailing address of College or University applicant plans to attend or is currently attending. \_\_\_\_\_

College grade average last year \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note to Applicant**

If awarded Scholarship student must be enrolled no later than August 1, 2025. Scholarships will NOT BE awarded for the 2026 – 2027-year enrollment. If student is enrolled, then decides not to attend the Fall Semester the scholarship will be null and voided non replaceable.

PLEASE BE SURE TO ATTACH ALL REQUIRED MATERIALS TO THIS APPLICATION AND SUBMIT TO THE AMERICAN LEGION AUXILIARY UNIT IN OR NEAR YOUR COMMUNITY FOR SIGNATURE AND SUBMISSION. Please do not submit application to the past president’s parley

Please be sure to attach all required materials to this application and submit to the American Legion Auxiliary Unit in your community for Unit Sponsorship and Signatures.

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To be completed by sponsoring American Legion Auxiliary Unit President or Unit Scholarship Chairman.

Name of Unit \_\_\_\_\_ Unit Number \_\_\_\_\_ Dist. \_\_\_\_\_ Div. \_\_\_\_\_

Mailing Address of Unit \_\_\_\_\_

Unit Recommendation \_\_\_\_\_

Signature of Unit President or Unit Scholarship Chairman \_\_\_\_\_ Date \_\_\_\_\_

Application packet must be received NO LATER than **May 1, 2025**.

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American Legion Auxiliary  
Department of Texas  
Past President Parley Medical Scholarship Application  
To be used if Applicant "is" Dependent on Parents

Full Name of Applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant's Major \_\_\_\_\_

Has applicant received a medical scholarship from Past Presidents Parley in the past? \_\_\_\_\_ Year \_\_\_\_\_

Application for Scholarship is being made on Military Service of: C i r c l e One

Father Mother Self Grandfather Grandmother Great Grandfather Great Grandmother

Name of Veteran (if other than self) \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Address \_\_\_\_\_

Date entered active service \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Type of Separation \_\_\_\_\_ If Veteran deceased, date of death \_\_\_\_\_

Name of Father \_\_\_\_\_ Mother \_\_\_\_\_

Profession/Occupation of (Step) Father \_\_\_\_\_ Monthly Income \_\_\_\_\_

Profession/Occupation of (Step) Mother \_\_\_\_\_ Monthly Income \_\_\_\_\_

Income in home, other than parents' earnings (Pension, Social Security, VA Benefits, Retirement, Rental, Investments, Royalties, etc.) \$ \_\_\_\_\_

Number of children in family: Under 18 years of age \_\_\_\_\_ Over 18 years of age \_\_\_\_\_

Number of children currently attending college or university other than applicant \_\_\_\_\_

Number of dependents, other than immediate family in the home \_\_\_\_\_

Applicant's date of graduation from high school \_\_\_\_\_ grade average last four years \_\_\_\_\_

Name and location of High School \_\_\_\_\_

Name and location, including mailing address of College or University applicant plans to attend or is currently attending \_\_\_\_\_

\_\_\_\_\_

School Account # \_\_\_\_\_

College grade average last year \_\_\_\_\_

Has applicant been accepted by this College or University? \_\_\_\_\_

Describe additional sources of financial support which will be used to pay for education. Example:  
grant, student aid, Other scholarships awarded. \_\_\_\_\_

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please be sure to attach all required materials to this application and submit to the American Legion Auxiliary Unit in your community for Unit Sponsorship and Signatures.

Name of Unit \_\_\_\_\_ Unit # \_\_\_\_\_ District \_\_\_\_\_

Mailing Address \_\_\_\_\_

Unit Recommendation \_\_\_\_\_

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Signature Unit President or Unit Scholarship Chairman \_\_\_\_\_ Date \_\_\_\_\_

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