

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF TEXAS

MEDICAL SCHOLARSHIP APPLICATION PAST PRESIDENT'S PARLEY

TO BE USED IF APPLICANT IS DEPENDENT ON PARENTS

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

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

City/State/Zip \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Applicant's Medical Major \_\_\_\_\_

Has applicant received a medical scholarship previously from Past President's Parley? \_\_\_\_\_

If yes, when was scholarship received? \_\_\_\_\_

Application for Scholarship is being made on War Service of: Circle 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? \_\_\_\_\_

Applicants 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: \_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**NOTE TO APPLICANT: SCHOLARSHIPS ARE VALID FOR 12 MONTH AFTER ISSUED DATE. CHECKS NOT CASHED ARE NULL AND VOID AND NOT REPLACEABLE.**

**PLEASE BE SURE TO ATTACH ALL OTHER REQUIRED MATERIALS TO THIS APPLICATION AND SUBMIT TO THE AMERICAN LEGION AUXILIARY UNIT IN THE COMMUNITY IN WHICH YOU RESIDE FOR UNIT SIGNATURES.**

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To be completed by sponsoring Unit's President or Scholarship Chairman

Name of Unit \_\_\_\_\_ Unit Number \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date \_\_\_\_\_

Application packet must be received **NO LATER** than **May 1, 2019**

Mail Medical Scholarship applications to:

Gayle Simpson, PPP Committee chairman  
P. O. Box 657, Crowell, TX 79227