



AMERICAN LEGION AUXILIARY • DEPARTMENT OF NORTH DAKOTA

1801 23rd Ave N, Fargo, ND 58102 • 701-253-5992

secretary@ndala.org • http://ndala.org

2016-2017 SCHOLARSHIP AWARD

Three \$300 scholarships will be paid to worthy applicants attending a college, university or trade school in North Dakota. Scholarship funds will be paid by March 1, 2017 to the school of choice after the applicant can verify enrollment and satisfactory academic progress. Membership and/or affiliation with the American Legion and the American Legion Auxiliary is not required for scholarship selection. Need is an important factor in determining the recipient of the scholarship.

Please type or print responses neatly. Send the completed application, two letters of recommendation and essay by May 1, 2016 to Robbin Witkowski, ND ALA Education Chairman, PO Box 294, Gwinner, ND. Phone: 701-678-3991.

Applicant's Full Name: _____

Applicant's Mailing Address: _____

Date and Place of Birth: _____
Month/Day/Year City, State

Name and address of Parents or Guardian: _____

Street address City State Zip

School(s) currently attending: _____

Would you be able to continue school without additional help? Yes No

How much of your school expenses must you earn? 25% 50% 100%

List any positions you have held in gainful employment, periods of employment and average time employed each week. Use back of form if more space is needed.

For our records

Are either of your parents eligible for the American Legion or the American Legion Auxiliary? Yes No

If yes, are they members? Yes No If yes, where? _____

Are you a member of the American Legion Auxiliary? Yes No If yes, for how long? _____

Are you a citizen of the United States? Yes No



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RECOMMENDATION BY SCHOOL ADMINISTRATOR OR INSTRUCTOR

_____ (Name of applicant) is applying for the American Legion Auxiliary Department of North Dakota Scholarship.

Please comment on the following:

Need for assistance

Character and Citizenship

Attitude and Cooperation

Potential for reaching goals

Merit

Use back of form if more space is needed.

Multiple horizontal lines for writing a recommendation.

Date: _____ Signature _____

Relationship to Applicant: _____

Address _____



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RECOMMENDATION BY PASTOR OR OTHER ADULT

_____ (Name of applicant) is applying for the American Legion Auxiliary Department of North Dakota Scholarship.

Please comment on the following:

Need for assistance

Character and Citizenship

Attitude and Cooperation

Potential for reaching goals

Merit

Use back of form if more space is needed.

Multiple horizontal lines for writing a recommendation.

Date: _____ Signature _____

Relationship to Applicant: _____

Address _____