

AMERICAN LEGION AUXILIARY
SECOND DISTRICT, IOWA
MERIT AWARD APPLICATION

It is the responsibility of the applicant to answer **ALL** questions and submit **ALL** requested materials. The application will be disqualified if these requirements are not met.

1. Applicant

Name _____ Birthdate _____

Address _____

Phone _____ Email _____

2. Parent/Legal Guardian

Name(s) _____

Address (if different than above) _____

Occupation(s) _____

Number of People in family _____ Annual Income _____

3. Eligibility

I am eligible for application because: (mark all that apply)

- a. I am a Veteran of the United States Military (Branch _____)
- a. I am a member of the American Legion
- b. I am a member of the American Legion Auxiliary or Juniors
- c. I am a member of the Sons of the American Legion
- e. I am the _____ (relationship) of a Veteran of United States Military

(Relationship eligibility for 3e must be mother/father, daughter/son, granddaughter/son, great granddaughter/son, sister/brother, wife/husband, or step relative of a United States Military Veteran)

4. American Legion Family

List the names and relationship of family members who are members of the American Legion, American Legion Auxiliary, or Sons of the American Legion.

5. Education

Name of High School/College and expected Graduation Date

Name and Location of Iowa school in which you plan to enroll

Area of Study _____

Length of Program _____

6. Financial Support

What have you done in the way of self-support?

Do you expect to support yourself while attending school? Yes No

Please Explain

Is anyone dependent upon you for support? Yes No

Please Explain

7. Required documentation

Check upon completion of the following requirements to be enclosed with this application

___ a. Transcript of last scholastic record

___ b. One letter of recommendation from one of the following

- ___ School Counselor This recommendation should include items such
- ___ Clergy Member as character, Americanism, basic need etc.
- ___ Business Professional

___ c. Personal letter to contain

- ✓ Church and Community Activities
- ✓ Hobbies
- ✓ Why you deserve this Merit Award
- ✓ Other information you wish the committee to know about you

8. Merit Awards Recipients

If you have been notified by the Merit Committee that you have been named a recipient of this Merit Award it will be your responsibility to complete the following by January 10

- ✓ Notify the Merit Committee Chairperson of your successful completion of Semester 1
- ✓ Send a copy of your enrollment for the second semester at an Iowa college

Failure to do so will result in the forfeiture of the Merit Award

Signature _____ Date _____

Application must reach Merit Award Committee member below by March 15, 2025.

Mail application to:

**Kathy McCloy
PO Box 329
Wyoming, IA 52362
563-488-3334**