American Legion Auxiliary
Fifth District Scholarship Application
Year 2027

1. Name : Click or tap here to enter text.
2. Home Address: Click or tap here to enter text.
3. Name/Address of Parents or Guardians: Click or tap here to enter text.
4. Are you a member of the American Legion, American Legion Auxiliary, or the Sons of the American Legion? Circle those that apply.
5. The veteran under whom you qualify for this Scholarship and his or her branch of service: Click or tap here to enter text.
6. What is your relationship to that Veteran? Click or tap here to enter text.
7. Parents or Guardians occupations: Click or tap here to enter text.
8. How many in your family? Click or tap here to enter text. Dependent children? Click or tap here to enter text.
9. Level of education completed. Click or tap here to enter text.
   Name of School Attended. Click or tap here to enter text.
10. List up to 10 of your school and community activities. Click or tap here to enter text.
11. Name and location of school in IOWA you wish to attend. Enclose acceptance letter if available. Click or tap here to enter text.
12. Course of Study you plan to pursue: Click or tap here to enter text.
13. Anticipated year of graduation? Click or tap here to enter text.
14. Do you expect to work to assist yourself while in school? Click or tap here to enter text.
15. What other income resources do you have? Click or tap here to enter text.
16. Have you ever received a Fifth District Merit Award/Scholarship? Click or tap here to enter text.

Signature of applicant _____

Daytime Telephone Number Click or tap here to enter text.

Please see reverse side for application instructions

APPLICATION INSTRUCTIONS

1. Use fillable form to complete answers. Print and then sign the application. Include with the rest of your supporting documents.
2. To be eligible to apply for this award you must a Post member, Unit member or a Veteran's child, grandchild or great grandchild, stepchild, step-grandchild, step great-grandchild who plans to attend a college, university, professional, nursing, trade school, commercial, or vocational education in an accredited school operated **within the state of Iowa.** Amount of the Scholarship is $500.00 and will be disbursed in July of the year awarded to the recipient.
3. You must submit a transcript of your latest school grades, rank in class, and a composite score on standardized tests.
4. A letter of recommendation from **each** category below must be included with the application:
    a. American Legion Post Commander **or** Unit President
    b. School Administrator **or** Instructor **or** a member of your community, **or** business owner, **or** clergy
5. You must submit an original essay consisting of not over 400 words which will give insight into your personality and qualities you want to be known and remembered by. This must be type written and double spaced. It is your responsibility that it is in proper grammatical form with correct spelling and punctuation.
6. Make certain the application form is completed correctly and is type written (or neatly printed – If I can't read it I will not be able to judge it!), placed in a packet with all other supporting documents and sent to the name and address listed below. Please make sure it has the appropriate amount of postage for delivery. Applications requiring postage due will be discarded.
7. Deadline for receipt of these materials is April 1, 2027.
8. Send to:

    Kim Dixon
    2162 263rd Street
    Oskaloosa, IA 52577

If questions, you can email me at kjdixon1964@gmail.com