

LELA MURPHY SCHOLARSHIP AWARD

FOR GRANDDAUGHTERS OR GREAT-GRANDDAUGHTERS OF AUXILIARY MEMBERS
DEPARTMENT OF MISSOURI
AMERICAN LEGION AUXILIARY

There will be one (1) scholarship awarded in the amount of \$500.00 each year.

1. Applicants must be granddaughter or great-granddaughter of a living or deceased member of the American Legion Auxiliary.
2. Applicants must be in the 12th grade in an accredited high school, but cannot have attended an institution of higher learning.
3. Applicant must be a resident of Missouri.
4. No Unit may enter more than one candidate in the Department competition.
5. Applicant must present the completed application to the Unit President on or before March 1st of the current year.
6. Each unit winner shall be certified by the local Unit President and mailed to the Department Education Chairman on or before March 16th.
7. The scholarship must be used in an accredited institution of higher learning or a professional school or a technical school awarding a certificate upon completion of an accredited course. Study must require a student to carry a minimum of twelve hours of work or its equivalent.
8. Judging, at all levels, shall be on the following basis:
 - a. Character 20%
 - b. Americanism 20%
 - c. Leadership 20%
 - d. Scholarship 20%
 - e. Basis of Need 20%
9. Half of the award will be paid for the first semester and the balance when the student registers for the second semester. There will be no money paid to the winner for the second semester of later than twelve (12) months following the awarding of a scholarship.

LELA MURPHY SCHOLARSHIP AWARD

APPLICATION PACKET

1. Completed application form for the Lela Murphy Scholarship.
2. A list of church, school and community organizations to which the applicant belongs, including any offices held.
3. The following four letters of recommendation are required.
 - a. One letter from either the principal or guidance counselor of the school from which the applicant is a graduate.
 - b. One letter from a clergyman of the applicant's choice.
 - c. Two letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship, and leadership.
4. An original article consisting of no more than 1,000 words on the topic, "What Education Means To Me".
5. A certified transcript or photocopy of the high school grades of the applicant.

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IS IN THE APPLICANT'S PACKET.

LELA MURPHY SCHOLARSHIP AWARD

THIS APPLICATION MUST BE SUBMITTED TO LOCAL UNIT PRESIDENT ON OR BEFORE MARCH 1ST

1. Name of applicant _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____

2. Name of grandmother or great-grandmother's enrollment in the American Legion
Auxiliary _____
Date of grandmother or great-grandmother's enrollment in the American Legion
Auxiliary _____ Living _____ Deceased _____

3. Number of dependent children under 18 years of age _____
Over 18 year's _____ Grade levels _____

4. Occupation of father or stepfather _____
Annual Gross Income \$ _____
Occupation of Mother or Stepmother _____
Annual Gross Income \$ _____

5. Total monthly government compensation or pension received by parent and/or children
\$ _____

6. Monthly compensation or pension for applicant if mother has remarried or died \$ _____

7. Are you eligible for or drawing Social Security payments? Yes _____ No _____
If so, monthly amount _____ Time limit of benefits _____

8. Are you eligible for benefits under Survivors and Dependents Education? Yes _____ No _____

9. Proposed date of graduation from high school _____

10. Name of college or university you hope to attend _____

11. Degree or degrees and career field you plan to pursue _____

Signature of applicant _____

Phone (____) _____ Date _____

NOTE: PLEASE BE SURE TO ATTACH OTHER REQUIRED MATERIAL TO THIS APPLICATION AND SUBMIT TO THE PRESIDENT OF THE AMERICAN LEGION AUXILIARY UNIT IN THE COMMUNITY IN WHICH YOU RESIDE BY MARCH 1ST.

THIS PORTION TO BE COMPLETED BY THE SPONSORING UNIT:

Unit Name and Number

Signature of Unit Secretary or Education Chairman

Address

City, State, Zip + Four digit code

Signature of Unit President