

AMERICAN LEGION AUXILIARY, DEPARTMENT OF VIRGINIA
VETERANS EDUCATION SCHOLARSHIP APPLICATION

NAME OF APPLICANT _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ E-MAIL _____
OCCUPATION _____
ANNUAL GROSS INCOME _____
TOTAL MONTHLY COMPENSATIONS, PENSION _____
SINGLE _____ MARRIED _____ DIVORCED _____
NUMBER OF DEPENDENT CHILDREN UNDER 18 _____
NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND OR ARE
CURRENTLY ATTENDING _____
FULL SIGNATURE _____
PRINTED NAME _____
DATE _____

NOTE: PLEASE BE SURE TO ATTACH A COPY OF YOUR DD-214. RETURN
APPLICATION TO THE AMERICAN LEGION AUXILIARY UNIT IN YOUR
COMMUNITY BY 15 MARCH.