



2021-2022 Department of North Dakota Education Program Scholarship

The American Legion Auxiliary, Department of North Dakota, through its Education Program has a program to assist students pursuing a degree in the field of their choice. Scholarships of \$500 will be awarded to worthy applicants attending a college, university, or trade school in North Dakota. Scholarship funds will be paid by March 1, 2022, to the school of choice after the applicant can verify enrollment and satisfactory academic progress. Membership and/or affiliation with the American Legion and American Legion Auxiliary is not required for scholarship selection. Need is an import factor in determining the recipient of the scholarships.

Please type or print response neatly. Return the completed application, two letters of recommendation and essay by **April 1, 2022**, to: **Shauna Dubuque, Department Education Chairman, P O Box 251, Glyndon, MN 56547-0251. Phone: 701-491-8776**

Applicant's Full Name: _____

Applicant's Mailing Address: _____

Date of Birth: _____

Month/Day/Year

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 assistance? 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 or American Legion Auxiliary? Yes No

If yes, for how long? _____



Recommendation by a school administrator (principal, counselor, teacher, advisor, or similar position)

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

Please comment on the following. Use back of form if needed.

- Need for assistance
- Character and Citizenship
- Attitude and Cooperation
- Potential for reaching goals
- Additional comments regarding merit

Use back of form if more space is needed. (*Please type or print*)

Relationship to Applicant: _____

Name of Reference (Please Print): _____

Signature of Reference: _____ Date: _____

Address: _____

City: _____ State: _____



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Recommendation by pastor, community leader, mentor, or employer (*not a parent*)

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

Please comment on the following. Use back of form if needed.

- Need for assistance
- Character and Citizenship
- Attitude and Cooperation
- Potential for reaching goals
- Additional comments regarding merit

Use back of form if more space is needed. (*Please type or print*)

Relationship to Applicant: _____
Name of Reference (Please Print): _____
Signature of Reference: _____ Date: _____
Address: _____
City: _____ State: _____

