



THELMA FOSTER SCHOLARSHIP FOR JUNIOR MEMBERS AMERICAN LEGION AUXILIARY 2011-2012

One scholarship in the amount of \$300 shall be awarded each year. The scholarship is a gift, not a loan.

1. Candidates shall be Junior members of the South Dakota American Legion Auxiliary, and said Junior to have held membership in the American Legion Auxiliary for the past three years and must now hold a Junior membership card for the current year, or have turned 18 years of age in her Senior year of school.
2. Applicants must be in their Senior year or graduates of an accredited high school, but cannot have attended an institution of higher learning.
3. Participation in this scholarship program shall be on a voluntary basis.
4. The scholarship application shall be mailed to the Department Education Chairman by March 1.
5. The scholarship must be used within twelve months of the date the winner received notification.
6. The award will be paid for the first semester upon notice that the candidate has registered for college.
7. The decision of the judges shall be final.
8. Judging shall be on the following basis:
 - a. Character 20%
 - b. Americanism 20%
 - c. Leadership 20%
 - d Academics 20%
 - e. Basis of need 20%

APPLICATION PACKET REQUIREMENTS

1. Completed application for the Thelma Foster Scholarship for Junior Members.
2. An original article of no more than 1,000 words on the topic "America, We Remember."
3. A copy of the transcript of high school grades of applicant.
4. A brief statement of the military service of the person through whom applicant is eligible, including branch of service, dates of service or photocopy of veteran's discharge papers.
5. Three letters of recommendation
 - a. One letter from a school administrator or guidance counselor.
 - b. One letter from a clergy of applicant's choice.
 - c. One letter from an adult citizen, other than a relative, attesting to the applicant's character in regard to conduct, citizenship and leadership.



Application For Thelma Foster Scholarship For Junior Members 2011- 2012
American Legion Auxiliary – Department Of South Dakota

This application must be submitted to the Department Education Chairman by **March 1st**.

Name of applicant _____

Address _____ City _____ State ____ Zip ____

Phone # _____ Date of Birth _____

Date of enrollment in American Legion Auxiliary _____

Name of veteran through whom applicant is eligible _____

Living? _____ Deceased? _____

Number of dependent children under 18 _____ Over 18 _____ Grade levels _____

Number attending college _____

Occupation of father, stepfather or guardian _____ Annual Income \$ _____

Occupation of mother, stepmother or guardian _____ Annual Income \$ _____

Total monthly government compensation or pension received by parent/child \$ _____

Total compensation or pension for applicant if mother has remarried or died \$ _____

Are you eligible for or drawing Social Security payments? Yes _____ No _____

If so, monthly amount \$ _____ Time limit of benefits _____

Are you eligible for benefits under Survivors and Dependents Education? _____

Proposed date of graduation from high school _____

Name and address of school of higher education you hope to attend

Degree and career field you plan to pursue _____

Signature of applicant _____ Date _____

Mail to Department Education Chairman:

Becky Hawkins
827 S High St
Aberdeen, SD 57401
Phone: (605) 725-2450