



## THELMA FOSTER SCHOLARSHIP FOR JUNIOR MEMBERS AMERICAN LEGION AUXILIARY 2018-2019

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 2018- 2019  
American Legion Auxiliary – Department Of South Dakota**

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

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:

Linda Youngbluth  
29671 391<sup>st</sup> Ave  
Wagner, SD 57380  
605-384-3543