

1801 23<sup>rd</sup> Ave N Rm 113, Fargo, ND 58102 • 701-253-5992 secretary@ndala.org • http://ndala.org

#### 2017-2018 SCHOLARSHIP AWARD

Three \$300 scholarships will be paid to worthy applicants attending a college, university or trade school in North Dakota. Scholarship funds will be paid by March 1, 2018 to the school of choice after the applicant can verify enrollment and satisfactory academic progress. Membership and/or affiliation with the American Legion and the American Legion Auxiliary is not required for scholarship selection. Need is an important factor in determining the recipient of the scholarship.

Please type or print responses neatly. Send the completed application, two letters of recommendation and essay by May 1, 2017 to Myrna Ronholm, ND ALA Education Chairman, 510 8<sup>th</sup> St SW, Jamestown, ND 58401-4656. Phone: 701-252-0000.

Applicant's Full Name:				
Applicant's Mailing Address	:			
Date and Place of Birth:	Month/Day/Year		City, State	
Name and address of Parents	or Guardian:		•	
Street address	City	State		Zip
School(s) currently attending	;:			
Would you be able to continu	□ Yes	□ No		
How much of your school ex	□ 25%	□ 50%	□ 100%	
List any positions you have heach week. Use back of form	neld in gainful employment, periods if more space is needed.	of employme	nt and average	time employed
If yes, are they members? □	•	e?		
Are you a member of the Am Are you a citizen of the Unit	nerican Legion Auxiliary?   Yes  Yes  No	⊔ NO II y	es, for now ion	ıg!



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If chosen for this awar	rd, the check should be sent to	(School Name)
		(School Address
		(School Fudicis
Date:	Applicant's Signature	
	Parent or Guardian Signature	
Dale	raieni oi Guardian Signature	<del></del>



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### RECOMMENDATION BY SCHOOL ADMINISTRATOR OR INSTRUCTOR

	_(Name of applicant) is applying for the American Legion Auxiliary
Department of North Dakota Scholarship.	
Please comment on the following: Need for assistance Character and Citizenship	
Attitude and Cooperation Potential for reaching goals	
Merit Use back of form if more space is needed.	
Date: Signature	
Relationship to Applicant:	
Address	



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### RECOMMENDATION BY PASTOR OR OTHER ADULT

	_(Name of applicant) is applying for the American Legion Auxiliary
Department of North Dakota Scholarship.	
Please comment on the following: Need for assistance Character and Citizenship	
Attitude and Cooperation Potential for reaching goals	
Merit Use back of form if more space is needed.	
Date: Signature	
Relationship to Applicant:	
Address	