

South Dakota American Legion Educational Scholarship Checklist (2024)

Yes No

____ ____ I have read the SDAL Educational Scholarship Brochure?

____ ____ At least one of my parents or myself is a member of The American Legion or its Auxiliary or the Sons of the America Legion. If you marked No, you are not eligible for this scholarship.

____ ____ The person I'm claiming as my Veteran, is a member of the SD American Legion unless deceased. If you marked No, you are not eligible for this scholarship.

____ ____ I am the child or grandchild of a veteran or am a veteran. If you marked No, you are not eligible for this scholarship.

____ ____ The applicant must have a high school diploma or a GED certificate attached to the application. If you marked No, you are not eligible for this scholarship. You must have graduated high school to apply for this scholarship. Attach appropriate high school and dual credit transcripts.

____ ____ Do you have a combined 16 successful college credits/dual credits? If you marked No, you are not eligible for this scholarship. Attach appropriate college transcripts.

If you are submitting a veterans DD214 Discharge Form or other discharge documentation, please ensure the Block: "Character of Service" states the type of discharge.

If your veteran is still on active duty, please submitted a LES (Leave and Earning Statement) or other documentation showing he/she is on active duty.

Ensure you blackout all Personal Identifiable Information (PII) on attachments.

Your attachments must be in PDF format.

Submit your application in the following order:

The Application (approximately 11 pages)

Essay #1

Essay #2

High School Diploma/GED Certificate

Transcripts, high school and post-secondary

Membership Card(s)

Veteran's discharge or active duty information

05 July 2023

This application supersedes all previous applications.

**South Dakota American Legion
Educational Scholarship**

Application Due Date: Prior to 11:59pm, February 15, 2024 (CT)

Mailing address: South Dakota American Legion
PO Box 67
Watertown, SD 57201
Email: maryjo@sdlegion.org

Applicant's Personal Information:

Name: _____

Address: _____

City/State/ZIP: _____

Email Address: _____

Cell Phone Number: _____

Date of Birth: _____

High School Graduation Year: _____ or Year attained GED: _____

Institution in South Dakota which applicant is attending: _____

Date of enrollment: _____

Veteran's Information: (Must be a member of the SD American Legion unless deceased)

Name: _____

Address: _____ or _____ Deceased

City/State/ZIP _____

Relationship of applicant: _____ Child or _____ Grandchild

Attach a copy of Veteran's discharge form (DD Form 214) or certificate. If veteran is on active duty, attach a copy of their Leave and Earning Statement (LES) or other documentation showing he/she is on active duty. Please blackout SSN/serial number.

Parents' Information:

Parent #1:

Name: _____

Address: _____

City/State/ZIP: _____

Email Address: _____

Phone Number: _____

Occupation: _____

Parent #2

Name: _____

Address: _____

City/State/ZIP: _____

Email Address: _____

Phone Number: _____

Occupation: _____

Siblings' Information:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Please attach copies of your high school diploma or GED Certificate; and high school and post-secondary/dual credit transcripts. You must have graduated high school and successfully completed 16 hours of post-secondary education to apply for and receive this scholarship.

High School GPA: _____

Post-secondary GPA: _____

ACT Score: _____

or

SAT Score on a 1600-scale: _____ or SAT Score on a 2400-scale: _____

If any, which American Legion or American Legion Auxiliary programs have you participated in:

Boys State _____ Girls State _____ Oratorical Program _____

Youth Trooper Academy _____ AL Baseball _____ Shooting Sports _____

Others: _____

Membership in the American Legion, American Legion Auxiliary, or SAL:

Applicant: Yes Membership Number: _____

No

Parent #1 Yes Membership Number: _____

No

Parent #2 Yes Membership Number: _____

No

Attach a copy of membership cards.

Finances:

I understand that this application for a Department of South Dakota American Legion Scholarship is in the **maximum** amount of \$2500.00. The amount can be less than \$2500.00. This amount of money is required by me to meet necessary expenses in connection with my education. The money will be mailed to the higher education institution in your name.

My estimate needs of one (1) year of schooling are as follows:

Tuition and fees	\$ _____	
Books and supplies	\$ _____	
Room and board	\$ _____	
Other expenses	\$ _____	
Personal necessities		
Spending money		
Etc.		
Total (A)		\$ _____

Money available to use for the above-listed expenses (excluding this scholarship)

Money in possession	\$ _____	
Scholarships	\$ _____	
Loans	\$ _____	
Money which will be obtained from other sources (work, parents, etc)	\$ _____	
Total (B)		\$ _____
Difference (Total A subtract Total B)		\$ _____

Applicant's Signature

Date

Parent's Signature

Parent's Signature

Applicant's Employment:

Employer: _____

Dates (M/YYYY): _____ to _____

Weekly Number of Hours: _____

Duties:

Employer: _____

Dates (M/YYYY): _____ to _____

Weekly Number of Hours: _____

Duties:

Employer: _____

Dates (M/YYYY): _____ to _____

Weekly Number of Hours: _____

Duties:

Applicant's Community/Volunteer Participation (secondary and post-secondary only):

Organization: _____

Dates: _____

Description:

Organization: _____

Dates: _____

Description:

Organization: _____

Dates: _____

Description:

Organization: _____

Dates: _____

Description:

Organization: _____

Dates: _____

Description:

If necessary, additional sheets may be included using the above format.

Applicant's School Participation (secondary and post-secondary only):

Organization: _____

Grade(s): _____

Office(s) Held: _____

Organization: _____

Grade(s): _____

Office(s) Held: _____

Organization: _____

Grade(s): _____

Office(s) Held: _____

Organization: _____

Grade(s): _____

Office(s) Held: _____

Organization: _____

Grade(s): _____

Office(s) Held: _____

Organization: _____

Grade(s): _____

Office(s) Held: _____

If necessary, additional sheets may be included using the above format

Awards Received at the State/National Level (list only 5 awards):

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Awards Received at the School/Local Level (list only 5 awards):

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Award: _____

Description:

Essays:

Please attach essays on the following topics. Maximum of 500±50 words per essay. Must be typed and double spaced.

Essay #1. What does your civic responsibility look like to you and which characteristic of your veteran family member most impacts your perspective on exercising your civic responsibility?

Essay #2. What is your career pathway? How specifically will you influence positive change in society via this pathway?

05 July 2023