



**AMERICAN LEGION AUXILIARY**  
Department of Ohio, Inc.

**CONTINUING EDUCATION GRANT**

**2009 INSTRUCTIONS FOR THE 2009-2010 SCHOOL YEAR**

**Requests for applications will be honored through November 27, 2009.  
Applications for the 2009-2010 school year must be submitted by  
December 1, 2009 to the Department Education Chairman.  
All available grants for the 2009-2010 school year will be awarded by January 1, 2010.**

The American Legion Auxiliary, Department of Ohio, has established the Ohio American Legion Auxiliary Continuing Education Fund to help meet the needs of upperclassmen. Frequently, students in colleges, universities, or other institutions wishing to further their education are in urgent need of additional financial aid to complete a quarter, semester, or year.

\$3,000.00 has been allocated to this fund for a total of fifteen (15), \$200.00 grants for the 2009-2010 school year. These grants will be distributed to qualified applicants as applications are received until the funds are depleted for the current year. Order additional applications from: American Legion Auxiliary, Scholarship Coordinator, PO Box 2760, Zanesville, Ohio 43702-2760.

1. The applicant must be active duty **or** an honorably discharged veteran **or** a spouse, daughter or son (adopted, step, grand, or great-grand) of a living, deceased, or disabled honorably discharged veteran who served during these active war dates:
  - ◆ WORLD WAR I - April 6, 1917 to November 11, 1918
  - ◆ WORLD WAR II - December 7, 1941 to December 31, 1946
  - ◆ KOREAN WAR - June 25, 1950 to January 31, 1955
  - ◆ VIETNAM WAR - February 28, 1961 to May 7, 1975
  - ◆ LEBANON/GRENADA - August 24, 1982 to July 31, 1984
  - ◆ PANAMA - December 20, 1989 to January 31, 1990
  - ◆ DESERT STORM - August 2, 1990 to cessation
2. Attach to this application a photocopy of the veteran's Certificate of Release or Discharge from Active Duty (i.e.: Form DD-214) or other government document showing time served on active military duty during the eligibility period(s) indicated above.
3. The applicant must be a resident of Ohio.
4. The applicant must be sponsored by an Ohio American Legion Auxiliary Unit.
5. The applicant must show proof of program enrollment (a current transcript, a receipt from tuition payment, or a copy of currently enrolled classes).
6. The applicant must sign and date the application.
7. A Unit Officer must sign this application.
8. Forward the application by the December 1, 2009 deadline with all supporting documents to the Department Education Chairman :

**Mona Shipley**  
**632 South Elizabeth Street**  
**Lima, Ohio 45803**

*(Over for Application)*

**CONTINUING EDUCATION GRANT**

**2009 APPLICATION FOR THE 2009-2010 SCHOOL YEAR**

\_\_\_\_\_  
Name of Applicant Social Security Number

\_\_\_\_\_  
Address Birth Date

\_\_\_\_\_, Ohio \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
City Zip Code Phone Number

\_\_\_\_\_  
Name of Veteran If deceased, give date of death \_\_\_\_\_

Veteran Affiliation :      Wife                    [    ]                    Husband                    [    ]  
(Indicate with (✓))      Daughter                [    ]                    Son                         [    ]  
                                  Adopted Daughter      [    ]                    Adopted Son                [    ]  
Self [    ]                    Step-Daughter          [    ]                    Step-Son                    [    ]  
                                  Granddaughter          [    ]                    Grandson                    [    ]  
                                  Great Granddaughter   [    ]                    Great Grandson            [    ]

Give a brief statement and date of Military Service of veteran \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
College Name and Address

Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_ What year in school? \_\_\_\_\_

\_\_\_\_\_  
Major(s) / Minor(s) of Study

College Expenses (Please list and explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously received a Continuing Education Grant from the American Legion Auxiliary? \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Signature of Applicant Date (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
SIGNATURE OF AMERICAN LEGION AUXILIARY UNIT OFFICER DISTRICT/UNIT NUMBER UNIT REPRESENTATIVE'S PHONE #

Submit to: Mona Shipley, 632 South Elizabeth Street, Lima, Ohio 45803

*(Over for Instructions)*