

**AMERICAN LEGION AUXILIARY
SECOND DISTRICT
DEPARTMENT OF IOWA**

Attention Guidance Counselor:

The Second District American Legion Auxiliary will be awarding their annual Merit Award by April 15, 2009. Enclosed is a copy of the application form. Please note that this is a two-sided form. Feel free to make more copies as needed. The application may be copied on two separate sheets if desired.

MERIT AWARD ELIGIBILITY FOR YEAR 2009

1. The applicant must be either a member of the American Legion Auxiliary; or the daughter, granddaughter, great-granddaughter, sister, wife, son, grandson, great-grandson, brother, widow, husband or step relative of a WWI, WWII, Korean, Vietnam, Granada/Lebanon, Panama, Persian Gulf or present conflict Veteran.
2. The applicant must be a resident of the Second District, attend high school in the Second District, or be eligible through a person paying dues in the Second District Legion or Auxiliary and reside in a District adjacent to the Second District. The Second District includes the following counties: Dubuque, Jackson, Clinton, Scott, Linn and Jones.
3. The applicant must be or must plan to be enrolled in a school in the State of Iowa.

**APPLICATION DEADLINE IS MARCH 15, 2009
NO EXCEPTIONS**

Any applicant who wishes to have their photo and/or transcripts returned should enclose a stamped self-addressed envelope with their application. All application questions must be answered and all enclosures must be included in order for the committee to consider the application. Completed applications should be sent to me at the address below.

Thank you for your assistance with our Merit Award Program. If you have any questions, please contact me.

Bobbie Piphon
404 Stonehaven Lane NE
Cedar Rapids, IA 52402
dbpipho@msn.com

Linn County and Jones County Contact
American Legion Auxiliary
Second District Merit Committee

Attachment: Application for Merit Award

**OFFICIAL MERIT APPLICATION
AMERICAN LEGION AUXILIARY
SECOND DISTRICT IOWA**

It is the responsibility of the applicant to answer ALL questions and submit ALL requested materials. The application will be disqualified if these requirements are not met.

1. _____
 (Name) (Age) (Birth date)

_____ (Street or PO Box Address) _____ (Birthplace)

_____ (City) (State) (Zip) _____ (Social Security Number)

2. _____
 (Parents' Name) (Parents' Address, if different)

If you are living with someone other than parents, give their name, address, and relationship to you.

Number of person in family _____
 Number of dependent children _____
 Ages of dependent children _____
 Father's Occupation _____
 Mother's Occupation _____
 Total annual family income \$ _____

3. I am eligible for application because: (must answer at least one)

- a. I am a member of the American Legion
- b. I am a member of the Sons of the American Legion
- c. I am a member of the American Legion Auxiliary
- d. I am a member of the American Legion Auxiliary Juniors
- e. I am the _____ (relationship) of a Veteran of WWI, WWII, Korea, Vietnam, Grenada/Lebanon, Panama, Persian Gulf or present conflict Veteran.

Relationship eligibility for 3e must be the mother, daughter, granddaughter, great granddaughter, sister, wife, son, grandson, great grandson, brother, widow, husband or step relative of a WWI, WWII, Korea, Vietnam, Granada/Lebanon, Panama, Persian Gulf, or present conflict Veteran.

_____ (Veteran's Name) (Service Branch) (Induction Date) (Discharge Date)

4. List the names and relationships of family members who are members of the American Legion and/or American Legion Auxiliary.

_____ (Name/Relationship) _____ (Name/Relationship)

_____ (Name/Relationship) _____ (Name/Relationship)

Are you a veteran of military service? _____ If yes, give the service dates and service branch.

_____ (Dates of service/branch)

5. List High School/College attended and year attained.

List any additional educational training. _____

Name and location of school in which you plan to enroll (must be in Iowa). _____

Area of study you plan to pursue _____

Length of time needed to complete _____

6. What have you done in the way of self-support?

Do you expect to help support yourself while attending school? _____ If yes, in what way?

Is anyone dependent upon you for support? _____ If yes, please explain.

7. Check upon completion of the following requirements:

a. Photograph enclosed

b. Transcript of last scholastic record

c. One letter of recommendation from one of the following: school counselor, a clergyman, or a business/professional person. This recommendation should include items such as character, Americanism, basic need, etc.

d. Personal letter containing the following information:

Activities in church and community

Hobbies

Number of family members at home

Reason you believe you deserve a this merit

Any other personal information you wish to relay to the committee

8. It will be the applicant's responsibility to notify the Merit Committee Chairman by **December 15th** of your enrollment for the second semester in the Iowa college of your choice. **Failing to do so will forfeit this merit.**

Date _____

Signed _____
(Applicant Signature)

(Address)

(Telephone Number)

Please Note: **APPLICATION MUST REACH THE MERIT COMMITTEE NO LATE THAN MARCH 15.**

Date received _____ By _____

Approved by Merit Committee _____