

**PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP
AMERICAN LEGION AUXILIARY, DEPARTMENT OF VIRGINIA**

The American Legion Auxiliary, Department of Virginia, offers a scholarship in the amount of \$1,000.00 to the daughters, sons, grandsons, granddaughters of Veterans who served during eligibility dates for membership in the American Legion and desire to pursue a degree in the medical field.

1. Applicant for this scholarship must be in their senior year at an accredited high school in the state of Virginia, and must have grades which meet entrance requirements at the institution of her/his choice. This scholarship is not authorized for on line courses or part time classes.
2. The following three letters of recommendations are required:
 - a. One (1) letter from either the Principal or Guidance Counselor from the school which the applicant will graduate. The letter should include the size of the class, student's position in the class and the student's cumulative grade point average.
 - b. Two (2) letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. An original article consisting of no more than 500 words, (typed, double-spaced). The title of the article/essay will be "What being a professional in the medical field means to me".
4. A transcript from your high school and a copy of your ACT or SAT test scores must be included with the application.
5. The completed application packet must be returned to the American Legion Auxiliary Unit President in the applicant's community no later 1 April. The Unit will forward by 15 April the winning application to Department Headquarters, 1708 Commonwealth Avenue, Richmond, Virginia 23230.
6. No Unit may submit more than one application.
7. The scholarship will be paid directly to the University/College upon notification from the school that the student has registered.
8. The recipient of this scholarship, the recipient's school and the unit submitting the winning application will be notified, in writing, by the Department Secretary no later than 1 May.

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Name of Applicant _____

Address of Applicant _____

Date of Birth _____ Telephone Number _____

Name of relative by whom applicant is eligible: _____

Relationship _____ Living _____ Deceased _____

Number of dependent children in family (under 19 years) _____

Grade level: _____

Occupation Father/Stepfather _____ Annual Income \$ _____

Occupation Mother/Stepmother _____ Annual Income \$ _____

Date of Graduation from High School _____

Name of accredited Institution of higher learning in which you wish to pursue your medical career _____

Signature of Applicant _____ Date _____

Printed Name of Applicant _____ Date _____

Unit Name and Number _____ Date _____

Signature of Unit President _____ Date _____

This completed application including its requirements must be submitted to the Unit President for her approval by 1 April. Unit President to forward winning application to Department Headquarters, 1708 Commonwealth Avenue, Richmond, Virginia 23230 no later than 15 April.