

AMERICAN LEGION AUXILIARY  
Department of Illinois  
2016-2017

**SUBJECT: ADA MUCKLESTONE MEMORIAL SCHOLARSHIP –  
(For graduating High School senior)**

Applicants for this award shall be children or grandchildren or great-grandchildren of veterans who served in the Armed Forces during eligibility dates for membership in The American Legion. (a) April 6, 1917 through November 11, 1918 (WWI); (b) December 7, 1941 through December 31, 1946 (WWII); (c) June 25, 1950 through January 31, 1955 (Korea); (d) February 28, 1961 through May 7, 1975 (Vietnam); (e) August 24, 1982 through July 31, 1984 (Grenada & Lebanon); (f) December 20, 1989 through January 31, 1990 (Panama Canal); (g) August 2, 1990 through cessation (Persian Gulf). Applicant must be a resident of the State of Illinois or a member in good standing of The American Legion Family, Department of Illinois.

The Ada Mucklestone Memorial Scholarship will provide \$1000 scholarships as funds permit.

The full amount of the scholarship will be paid for the first semester. Each winning applicant will be required to sign an agreement that if he/she does not complete the first semester of school as planned, arrangements must be made with the American Legion Auxiliary within thirty (30) days for the return of the full amount of the scholarship.

**RULES GOVERNING THIS SCHOLARSHIP:**

1. Applicant must be in his/her senior year or a graduate of an accredited high school, but he/she may not have attended an institution of higher learning. (College courses taken while High School student does not apply) **Those pursuing a NURSING career are not eligible for the Ada Mucklestone and MUST apply to our Nurses Scholarship program even if they are enrolling in a college school of nursing.**
2. Application for the Ada Mucklestone Memorial Scholarship **must be secured from and returned to the sponsoring Unit.** The Unit may request additional applications from Department Headquarters.
3. A Unit may enter **ONLY ONE APPLICANT IN DEPARTMENT COMPETITION** sponsored under the Education Program and an applicant may be sponsored by only one Unit.
4. If a Unit has more than one Applicant, a committee of three qualified people shall be appointed to serve as judges. Judging as follows:
  - A. **CHARACTER/LEADERSHIP - 25%** - High standard of conduct; keen sense of right; strength of character; adherence to truth and conscience; devotion to church and religious principles and volunteerism, ability to lead and to accomplish through group action; personal magnetism; guidance and thought of others.
  - B. **ESSAY - 25%** - Content and spelling.
  - C. **SCHOLARSHIP - 25%** - Scholastic attainment with grades of senior year and rating in class; evidence of industry and application in studies.
  - D. **BASIS OF NEED - 25%** - Actual need of financial assistance to continue higher education.

5. All applicants will be notified of the results and a copy of the letter sent to the sponsoring Unit President. No application packets will be returned.
6. The scholarship must be used within twelve (12) months of the date received.
7. The applicant is limited to applying for ONLY ONE ILLINOIS SCHOLARSHIP sponsored by the American Legion Auxiliary for a given year.
8. The sponsoring Unit MUST HAVE CONTRIBUTED THE MINIMUM OF \$5.00 TO THE EDUCATION FUND BY MARCH 15, 2017.

**APPLICATION REQUIREMENTS (Applicant's material MUST INCLUDE)**

1. Completed application.
2. Three (3) letters of recommendation or reference from the following: **(Recommendation letters from school and clergy/church official must be on letterhead and all letters signed.)**
  - a. Principal or Counselor of the school from which applicant is a graduate.
  - b. Clergy/church official of applicant's choice.
  - c. One (1) adult citizen, other than relatives, attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. List of volunteer activities and hours, including extra curricular activities.
4. An original essay written by applicant consisting of not more than 1000 words. The title of the essay will be - **"What My Education Will Do for Me."**
5. A certified transcript or photocopy of applicant's high school grades.
6. A brief statement of the military service of parent or grandparent, including the branch of service and dates of service for active military, or a photocopy of parent's or grandparent's DD214.
7. Copy of latest Federal Income Tax Return for proof of need. (Tax Return on which applicant is claimed.)
8. **The completed application packet must be submitted by the applicant to the Unit President PRIOR TO MARCH 15, 2017.**

**NOTE:** Sponsoring Unit **MUST sign back of application and VERIFY** all necessary information is in the packet. Application **MUST BE** submitted on an American Legion Auxiliary, Department of Illinois form. The Application packet **MUST BE** mailed flat. **NO EXCEPTIONS!**

The Unit **MUST SUBMIT** the completed application packet to be received **NO LATER THAN APRIL 1, 2017** to the Department Education Member:

**Marlene Schrader, 1403 Pulaski St., Lincoln, IL 62656-3238 (217) 732-4759**

**marlene\_schrader@comcast.net.**

Postal regulations require that this material be mailed First Class.

AMERICAN LEGION AUXILIARY  
Department of Illinois

APPLICATION FOR ADA MUCKLESTONE MEMORIAL SCHOLARSHIP  
(For graduating High School Senior)

APPLICATION MUST BE SUBMITTED TO THE SPONSORING UNIT OF THE AMERICAN LEGION  
AUXILIARY NO LATER THAN MARCH 15, 2017.

(Application will not be returned.)

1. Name of applicant \_\_\_\_\_  
Address \_\_\_\_\_ /Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (include Area Code) \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Name and relationship of veteran through whom applicant is eligible:  
\_\_\_\_\_
3. Is this person currently active military or Reserve? \_\_\_\_\_
4. Number of dependent children in family under 18 years \_\_\_\_\_ Over 18 \_\_\_\_\_  
Grade levels: \_\_\_\_\_
5. Number in family occupying home \_\_\_\_\_
6. Total monthly government compensation or pension received by parent and/or children \$ \_\_\_\_\_
7. Monthly compensation or pension for applicant if parent has remarried or is deceased \$ \_\_\_\_\_
8. Are you eligible for benefits under Survivors and Dependents Education? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Proposed date of graduation from High School \_\_\_\_\_
10. Name of College/University you plan on attending \_\_\_\_\_
11. Degree/Degrees and Career Field you plan to pursue \_\_\_\_\_  
\_\_\_\_\_

