

**LELA MURPHY SCHOLARSHIP AWARD  
FOR GRANDDAUGHTERS OR GREAT-GRANDDAUGHTERS OF AUXILIARY MEMBERS  
DEPARTMENT OF MISSOURI  
AMERICAN LEGION AUXILIARY**

There will be one (1) scholarship awarded in the amount of \$500.00 each year.

1. Applicants must be granddaughter or great-granddaughter of a living or deceased member of the American Legion Auxiliary.
2. Applicant must be in the 12th grade in an accredited high school, but cannot have attended an institution of higher learning.
3. Applicant must be a resident of Missouri.
4. No Unit may enter more than one candidate in the Department competition.
5. Applicant must present the completed application to the Unit President on or before March 1 of the current year.
6. Each Unit winner shall be certified by the local Unit President and mailed to the Department Education Chairman on or before March 16.
7. The scholarship must be used in an accredited institution of higher learning or a professional school or a technical school awarding a certificate upon completion of an accredited course. Study must require a student to carry a minimum of twelve hours of work or its equivalent.
8. Judging, at all levels, shall be on the following basis:
  - a. Character 20%
  - b. Americanism 20%
  - c. Leadership 20%
  - d. Scholarship 20%
  - e. Basis of Need 20%

The decision of the judges shall be final.

9. Half of the award will be paid for the first semester and the balance when the student registers for the second semester. There will be no money paid to the winner for the second semester of later than twelve (12) months following the awarding of a scholarship.

## LELA MURPHY SCHOLARSHIP AWARD

### APPLICATION PACKET

1. Completed application form for the Lela Murphy Scholarship.
2. A list of church, school and community organizations to which the applicant belongs, including any offices held.
3. The following four letters of recommendation are required.
  - a. One letter from either the principal or guidance counselor of the school from which the applicant is a graduate.
  - b. One letter from a clergyman of the applicant's choice.
  - c. Two letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship, and leadership.
4. An original article consistinf of no more than 1000 words on the topic, "What Education Means To Me".
5. A certified transcript or photocopy of the high school grades of the applicant.

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IS IN THE APPLICANT'S PACKET.

## LELA MURPHY SCHOLARSHIP AWARD

THIS APPLICATION MUST BE SUBMITTED TO LOCAL UNIT PRESIDENT ON OR BEFORE MARCH 1.

1. Name of applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_
2. Name of grandmother or great-grandmother by which applicant is eligible \_\_\_\_\_  
Date of grandmother or great-grandmother's enrollment in the American Legion Auxiliary \_\_\_\_\_  
Living \_\_\_\_\_ Deceased \_\_\_\_\_
3. Number of dependent children under 18 years of age \_\_\_\_\_  
Over 18 years \_\_\_\_\_ Grade levels \_\_\_\_\_
4. Occupation of father or stepfather \_\_\_\_\_  
Annual Gross Income \$ \_\_\_\_\_  
Occupation of Mother or stepmother \_\_\_\_\_  
Annual Gross Income \$ \_\_\_\_\_
5. Total monthly government compensation or pension received by parent and/or children \$ \_\_\_\_\_
6. Monthly compensation or pension for applicant if mother has remarried or died \$ \_\_\_\_\_
7. Are you eligible for or drawing Social Security payments? Yes \_\_\_\_\_  
No \_\_\_\_\_ If so, monthly amount \_\_\_\_\_  
Time limit of benefits \_\_\_\_\_
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 or university you hope to attend \_\_\_\_\_
11. Degree or degrees and career field you plan to pursue \_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

NOTE: PLEASE BE SURE TO ATTACH OTHER REQUIRED MATERIAL TO THIS APPLICATION AND SUBMIT TO THE PRESIDENT OF THE AMERICAN LEGION AUXILIARY UNIT IN THE COMMUNITY IN WHICH YOU RESIDE BY MARCH 1.

\*\*\*\*\*

THIS PORTION TO BE COMPLETED BY THE SPONSORING UNIT:

\_\_\_\_\_  
Unit Name and Number

\_\_\_\_\_  
Signature of Unit Secretary  
or Education Chairman

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip + Four

\_\_\_\_\_  
Signature of Unit President