



American Legion Auxiliary Unit 133 of Maricopa  
41614 W Smith-Enke Rd. Suite 110, Maricopa AZ  
P.O Box 152, Maricopa AZ 85138

## Scholarship Application

1. Personal Data: *(please print)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI mm/dd/year

Maiden Name *(if applicable)* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Alternate address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Course of Study Planning to Pursue: \_\_\_\_\_

Where: \_\_\_\_\_

3. Amount of scholarship: Two (2) \$500.00 scholarships and One (1) \$1,000 scholarship being offered.

**Explain how you will use the scholarship funds. Write an essay of 500-750 words on why you would be a good candidate for this scholarship and what you plan to do with your education and your desired goal. (Please include a separate sheet for your essay. Can be hand-written, however, typed for legibility is preferred).**

4. Other Sources of Funding You Have Applied For *(scholarships, grants, loans)*:

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

5. Academic Data:

Name of school attending: \_\_\_\_\_

\_\_\_\_\_  
Dates Attended: \_\_\_\_\_

Academic Grade Point Average: \_\_\_\_\_ Point System Used: \_\_\_\_\_

Additional Education Including Colleges

<u>Institution</u>	<u>Dates Attended</u>	<u>Grade Point Average</u>

**The Selection Committee requires that the latest available official transcripts be sent directly to the American Legion Auxiliary Unit 133 Maricopa. Minimum of 3.0 GPA is required.**

7. Service Community Engagement:

Community Service (*Church, Clubs, Organizations, etc.*): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. This application is open to Military families. How do you qualify?

\_\_\_\_\_

Branch of Service? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that a personal interview may be required prior to Selection Committee action on this application.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

*Send application information to the P.O. Box address above or email it to:*  
**American Legion Auxiliary Unit 133 Maricopa**  
**AuxiliaryPresident@alpost133az.org**

**Application Deadline: May 15, 2022**

**SCHOLARSHIP APPLICATION  
COMPLETE THIS PAGE ONLY IF YOU ARE  
ATTENDING A SCHOOL IN ARIZONA**

Arizona Legislative HB2008 (outlined in Arizona Revised Statutes 1-501, 1-502) states:

*Notwithstanding any other state law and to the extent permitted by federal law, any natural person who applies for a federal public benefit that is administered by this state or political subdivision of this state and that requires participants to be citizens of the United States, legal residents of the United States or otherwise lawfully present in the United States shall submit at least one of the twelve documents to the entity that administers the federal public benefit demonstrating lawful presence in the United States.*

In order to comply with HB2008, most Arizona state schools are requiring that you provide one of the documents listed below:

- An Arizona Driver's license issued after 1996 or an Arizona non-operating identification license
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States
- A United States certificate of birth abroad
- A foreign passport with a United States visa
- An I-94 form with a photograph
- A United States Citizenship and Immigration Services employment authorization or refugee travel document
- A United States certificate of naturalization
- A United States certificate of citizenship
- A tribal certificate of Indian blood
- A tribal or Bureau of Indian Affairs affidavit of birth
- Tribal members, the elderly and "persons with disabilities or incapacity of the mind or body," may submit certain types of documentation under Section 1903 of the federal Social Security Act

Please indicate below whether or not you will be able to provide one of the above listed documents to your school:

Yes, I will be able to provide                       No, I will not be able to provide

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date