

AMERICAN LEGION AUXILIARY

Department of Illinois

202526

**SUBJECT: MILDRED R. KNOLES SCHOLARSHIP – (Presently attending college)**

Applicants for this award shall be Veterans, 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) Any time after December 7, 1941. Presently attending college, who are in need of financial assistance. 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 Mildred R. Knoles Scholarship will provide \$1,000 scholarships as funds permit.

The full amount of the scholarship will be paid in one payment. Each winning applicant will be required to sign an agreement that in the event he/she does not complete the 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 **presently attending college** and have an endorsement from an American Legion Auxiliary Unit. **Those pursuing a NURSING career are not eligible for the Mildred R. Knoles and MUST apply to our Nurses Scholarship program even if they are enrolled in a college school of nursing.**
2. Application for the Mildred R. Knoles Scholarship must be **secured from and returned to** the sponsoring Unit.
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. If you have more than one applicant, you can always check with another Unit about sponsoring one. 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 most recent year of schooling, evidence of industry and application in studies.**
  - D. **BASIS OF NEED – 25% - Actual need of financial assistance in order to continue higher education.**

Over

5. Applicants shall be notified of the results and a copy of the letter sent to the sponsoring Unit President after June 1. 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.**

**APPLICATION REQUIREMENTS: (Applicant material MUST include)**

1. Completed application.
2. Two (2) letters of recommendation or reference from the following: **(Recommendation letters from school must be on letterhead and all letters signed.)**
  - a. College/University Dean, Counselor, or a Department Head. On Letterhead.\*\*
  - b. Adult citizen, other than a relative, attesting to the applicant's character in regard to conduct, citizenship, leadership and basis of need.
3. List of volunteer activities and hours for the past 3 years, including extracurricular activities.
4. An original essay written by applicant consisting of not more than 1000 words. The title of the essay will be **"How My Education Shapes My future."**
5. A certified transcript or photocopy of College/University grades.
6. A photocopy of applicants, parents, or grandparents DD214, or one from the following list.
  - Official "Honorable Discharge" certificate
  - Form DD1300 (Official military death certificate)
  - Official record of burial in a military cemetery issued by the National Cemetery Administration of the
  - Current or former military ID card
  - Current or former LES (Leave and Earnings Statement)
  - Official logbook entries from a military unit
  - ANY OTHER DOCUMENT LISTED ON THE "Military Service Verification Documents List"
7. Copy of latest Federal Income Tax Return (Parent(s) and student or in case of veteran, his or her own.)
8. **The completed application packet must be submitted by the applicant to the sponsoring Auxiliary Unit PRIOR TO MARCH 15, 2025.**

**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 and first class. **NO EXCEPTIONS!**

The Unit **MUST SUBMIT** the completed application packet to be received **NO LATER THAN APRIL 1, 2025** to Department Education Member:

**Barbara Howe, 4717 Ottawa Rd, Wonder Lake, IL 60097-9514, 815-355-0253**

**E-mail: howe608@comcast.net**

\*\*Letterhead preferred. If not available, a letter or email showing the name and address of the institution will be accepted.

AMERICAN LEGION AUXILIARY  
Department of Illinois

**APPLICATION FOR MILDRED R. KNOLES SCHOLARSHIP**  
(Presently attending college)

APPLICATION MUST BE SUBMITTED TO THE SPONSORING UNIT OF THE AMERICAN LEGION AUXILIARY NO LATER THAN MARCH 15, 2025.

(Application will not be returned.) PRINT CLEARLY

1. Name of applicant \_\_\_\_\_  
Address \_\_\_\_\_ /Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (include Area Code) \_\_\_\_\_ Age \_\_\_\_\_
2. Are you active military or Reserve? Yes \_\_\_\_\_ No \_\_\_\_\_ Past \_\_\_\_\_ Current \_\_\_\_\_
3. Name and address of parent or guardian (if applicable) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Name and relationship of veteran through whom applicant is eligible \_\_\_\_\_  
\_\_\_\_\_
5. What College/University have you attended? \_\_\_\_\_  
  
(Attach transcript of credits from College/University last attended)
6. What school do you plan to attend? \_\_\_\_\_ Anticipated Annual Tuition? \_\_\_\_\_
7. How long will it take to complete the required courses? \_\_\_\_\_
8. What is your goal after finishing school? \_\_\_\_\_
9. What have you done in the way of self support? \_\_\_\_\_
10. Are you dependent upon parents or family for any part of your support? \_\_\_\_\_ If yes, what percentage \_\_\_\_\_ If not, upon whom are you dependent \_\_\_\_\_ (Attach latest Income Tax Return of both parents and applicant or in case of veteran, your own. If applicant has not filed a tax return include statement of explanation.)
11. Are you married? \_\_\_\_\_

12. Ages of children, if any? \_\_\_\_\_

No. attending College/University? \_\_\_\_\_

13. Have you any other person dependent upon you? \_\_\_\_\_ Explain \_\_\_\_\_

14. Do you receive government compensation? (i.e., G I Bill) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other resources/Scholarships \_\_\_\_\_ Amount \$ \_\_\_\_\_

PLEASE BE SURE TO ATTACH OTHER REQUIRED MATERIAL TO THE APPLICATION AND  
SUBMIT TO THE PRESIDENT OF THE SPONSORING AMERICAN LEGION AUXILIARY UNIT NO  
LATER THAN MARCH 15, 2025.

ALL APPLICANTS AND UNITS WILL BE NOTIFIED AFTER JUNE 1.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**APPROVED BY:**

Pamela Corbin  
Type or print Unit President's name

Pamela Corbin \_\_\_\_\_  
Signature of Unit President Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone # (include Area Code)

\_\_\_\_\_  
Unit Name & Number District

\_\_\_\_\_  
Approval of eligibility –  
Signature of Unit Secretary or Unit Education Chairman

Check List for Unit:	
<i>Please check each item for completion.</i>	
1. Completed Application	_____
2. Two Letters on letterhead College/University	_____
Adult Citizen	_____
3. Volunteer Activities Hrs.	_____
4. Essay	_____
5. Certified Transcript	_____
6. DD214 for discharged Military and Statements of Service for active military	_____
7. Federal Tax Return Parent(s) <i>Block out all SS and banking #s</i>	_____
8. Applicants Federal Tax Return or Statement Indicating none was filed <i>Block out all SS and banking #s</i>	_____

**Unit to mail this application to:  
Barbara Howe, 4717 Ottawa Rd, Wonder Lake, IL 60097-9514**