

AMERICAN LEGION AUXILIARY DEPARTMENT
OF ARIZONA

WILMA HOYAL-MAXINE CHILTON MEMORIAL SCHOLARSHIP

One (1) annual scholarship of \$3000.00 is available to a student at each of the following schools: Arizona State University, Northern Arizona University, the University of Arizona, and Grand Canyon University enrolled as a **second year or upper division student in Political Science, Public Programs or Special Education.** (A total of 4 scholarships per year is possible.)

Applicant must be a citizen of the United States and a resident of Arizona for at least one (1) year. Honorably discharged veterans or immediate family members of a veteran will be given preference.

Application must be sent to the American Legion Auxiliary Department of Arizona Headquarters office by **May 15th** preceding term to be commenced in the fall.

Final selection will be made by the American Legion Auxiliary through the Department President and committee of three (3) Past Department Presidents. Recipients will receive awards through the appropriate school offices for each academic year in the following manner. One half (½) of award will be made available to the recipient at the beginning of fall and spring semesters, dependent on proper enrollment with the university.

Applicant must complete at least 12 hours with a grade average of “B” or better, and be enrolled as a full-time student.

Selection for assistance will be made on the following basis:

Scholarship 25%	Character 20%
Financial Need 40%	Leadership 15%

Submit application with attachments in the following order:

1. Completed application.
2. Resume of not more than 300 words giving family background, civic, social, school, and church activities, including statement of applicant’s career goals.
3. Three (3) letters of reference from persons who can testify to character, aptitude, initiative, and need, e.g. Instructors, Counselor, Financial Aid Director, Clergyman or Employer.
4. Transcripts of previous year’s grades.

Former recipient continuing degree programs as listed above may re-apply provided applicant complies with rules, submitting new application data.

Assemble the preceding data in folder form with the application following this page and send to:

American Legion Auxiliary
Department Headquarters
4701 N. 19th Ave. Suite 100
Phoenix, AZ 85015-3727

AMERICAN LEGION AUXILIARY
WILMA HOYAL-MAXINE CHILTON
MEMORIAL SCHOLARSHIP APPLICATION

Name of Applicant_____

Address_____Email_____

City_____State_____Zip_____Phone_____

Date of Birth_____Social Security # _____

Martial Status_____Length of Residence in Arizona_____

PERSONAL INCOME/SOURCE \$_____

IMMEDIATE FAMILY INCOME/SOURCE: \$_____

Is an immediate family member a veteran?_____Living?_____

Relationship (self, father, grandfather, mother, brother, etc.)_____

Brief statement of service_____

Have you applied for other scholarships?_____

If so, give amount_____

Have you been awarded other scholarships?_____

If so, give amount_____

Name of University attending:_____