

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF ARIZONA

WILMA HOYAL-MAXINE CHILTON MEMORIAL SCHOLARSHIP

One (1) annual scholarship of \$1000.00 is available to a student at Arizona State University, Northern Arizona University and the University of Arizona enrolled as a **second year or upper division student in Political Science, Public Programs or Special Education.**

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 fulltime 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, i.e. 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 on the back of 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: \_\_\_\_\_