



AMERICAN LEGION AUXILIARY
DAMASCUS UNIT 171
P.O. Box 171
Damascus, Maryland 20872

PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP INFORMATION AND RULES

A. ELIGIBILITY

- The applicant must be a United States Citizen.
- The applicant must be a daughter, granddaughter, great granddaughter, step daughter, step granddaughter, step great granddaughter or an ex-service women or active servicewomen who needs financial assistance in order to attend an accredited school for medical training. If no application from the aforementioned is acceptable, the scholarship may be awarded to the daughter, granddaughter, great granddaughter, step daughter, step granddaughter, step great granddaughter or an ex-serviceman or active service man who needs financial assistance in order to attend and accredited school for training.

B. APPLICATION

- Applicant must submit a completed medical scholarship application (attached).
- Applicant must provide three (3) references by adult persons (not related) who are knowledgeable of her school, community and home life; i.e., superintendent / principal / counselor / clergy / reputable businessman/women.
- Applicant must provide a transcript of grades, including SAT and other test scores, certified by school registrar.
- Applicant must submit a written essay entitled "What a Medical Career Means to Me" (in 300 words or less).

C. SCHOLARSHIP

- One (1) scholarship of \$1,000 may be awarded annually. Once a scholarship is given it is not limited to one (1) year. However, an applicant must submit a new application each year with her current transcript of grades and be a full-time student at the college of her choice.
- A check of the scholarship will be sent directly to the recipient's designated school when the unit treasurer receives a copy of enrollment verification from the registrar.
- The scholarship recipient will be notified before the close of the school year. The chairman shall notify any applicant(s) not selected.
- Application and all required information must be submitted by April 2nd of the current year to: Past Presidents Medical Scholarship Committee, Attention: Mrs. Cathy Magas, American Legion Auxiliary, P.O. Box 171, Damascus, MD., 20872
- All information will be considered confidential.



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PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP APPLICATION

Name _____

Address _____

Date of Birth _____ Phone No. _____

Medical Profession being pursued _____

Accredited School for Medical being attended

School Name _____

School Address _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Eligible through which Veteran or Service Person listed below (please circle one)

Mother / Grandmother / Great Grandmother / Step Mother / Step Grandmother / Step Great Grandmother /
Father / Grandfather / Great Grandfather / Step Father / Step Grandfather / Step Great Grandfather

Service Record of Eligible Veteran or Service Person:

Name _____ Last four digits of SSN _____

Branch of Service _____

Place and Date of Enlistment _____

Please attach a copy of a DD214 or Active Military ID

Brief statement of service _____

Is there any service connected disability? _____

Is government compensation or pension received? _____

PAST PRESIDENTS PARLEY MEDICAL SCHOLARSHIP APPLICATION, CONT.

Number of dependent children in family _____

List name and age of each _____

Length resided in Maryland _____ (years) _____ (month) _____ (date)

High School currently attending

Name _____

Address _____

Graduation Date _____

List names and amounts of other scholarships for which you have applied

_____	_____
_____	_____
_____	_____

PLEASE ATTACH THE FOLLOWING:

A. An essay (300 words or less) written by you entitled "WHAT A MEDICAL CAREER MEANS TO ME"

B. Three (3) letters of reference from adult persons (**not related**) knowledgeable of your school, community and home life: Examples such as: Superintendent / Principal / Counselor / Clergy / Reputable businessmen / woman.

C. Your current transcript of grades, including SAT and other test scores certified by school registrar.

Applicant's Signature _____

AFFIRMATION

Parent / Guardian

Printed Name _____

Signature _____

School Counselor

Printed Name _____

Signature _____