

**American Legion Auxiliary  
Ralph M Noble Unit # 285 Scholarship**

The Ralph M Noble Unit #285 will again offer a scholarship to college students (an entering freshman) or to a student in a non-degree program (trade school), diploma nursing program, or associate degree program at a junior college in the amount of \$500.00.

**RULES:**

1. Applicant must be working toward a degree in his/her chosen field, or an associate degree or certificate in a non-degree program.
2. Applicant must be in the upper half of his/her class scholastically.
3. Applicant must be a senior in, or must have graduated from, an accredited high school.
4. Applicant must reside within School District #205, or be a child, stepchild, or grandchild of a member of Ralph M. Noble Post 285.

**APPLICATIONS REQUIREMENTS:**

1. Important: The following must be placed in a folder when submitted.
2. Completed Application Form.
3. A photograph or clear snapshot of the applicant.
4. Three (3) Letters of Recommendation:
  - a. One from any faculty member of the school the applicant is currently attending
  - b. One from a clergyman of the applicants choice.
  - c. Two from adult citizens, other than relatives, attesting to the students character in regard to conduct, citizenship, and leadership.
5. Transcript of grades
6. Proof of acceptance by school of his/her choice.
7. Once school is determined check will be sent in School and applicants names.
8. Application must be received by American Legion Auxiliary Unit 285 no later than **April 15, 2023.**

**JUDGING:**

Judging will be based on following: the above Requirements, Americanism, Leadership, and Patriotism.

**AWARD:**

You will receive a letter informing you of getting scholarship or not. Scholarship will be rewarded at a meeting of Auxiliary in June 1, 2023.

**SCHOLARSHIP APPLICATION ATTACHED**

**PLEASE SUBMIT THE REQUIRED INFORMATION WITH THE COMPLETED APPLICATION NO LATER THAN APRIL 15, 2023.**

**Send to:  
Sandy DeWitt  
2465 Costa Drive  
Galesburg, IL. 61401  
(309-344-3695)**

Signature of Applicant:

Address:

City:

State:

Zip Code

Telephone Number:

Date: