



AMERICAN LEGION AUXILIARY  
CHINO UNIT 299

APPLICATION FOR EDUCATIONAL ASSISTANCE (\$1,000)  
FOR HIGH SCHOOL SENIORS

Name of applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

High School attending \_\_\_\_\_

What course or vocation do you wish to pursue? \_\_\_\_\_

You will be applying to the following Business/Trade School College/University

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Exact date you plan to enter school next semester \_\_\_\_\_

Basis of eligibility:

You are the child, grandchild or stepchild of \_\_\_\_\_  
who served in the Armed Forces of the United States and received an honorable discharge.

Service-related information concerning person giving you eligibility:

\_\_\_\_\_ Army \_\_\_\_\_ Air Force \_\_\_\_\_ Navy \_\_\_\_\_ Marine Corps \_\_\_\_\_ Coast Guard

Serial number \_\_\_\_\_

Mustered in \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Discharged \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

Date of death of person giving eligibility (if applicable) \_\_\_\_\_

Did person have a service connected disability? Yes or No

Did person die of this disability? Yes or No

Father/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Mother/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Name and ages of siblings living at home \_\_\_\_\_

Approximate NET (after taxes) monthly income of family \_\_\_\_\_

Source of income \_\_\_\_\_

Are you receiving aid from: Veteran's Welfare Board?	Yes	No
State Educational Aid?	Yes	No
SRA (Servicemen's Readjustment Allotment)?	Yes	No
Government Insurance Compensation?	Yes	No
How much is received _____		

Does your family own a home? \_\_\_\_\_

Are your parents able to aid you in any way at this time? \_\_\_\_\_

If yes, to what extent? \_\_\_\_\_

If not, why? \_\_\_\_\_

## FINANCIAL STATEMENT

Receipts: Annual

Cash on Hand	\$ _____
Net earnings during the semester	\$ _____
Working for board	\$ _____
Working for room	\$ _____
Assistance from parents/guardians	\$ _____
Assistance from university/college	\$ _____
Loan, gift or scholarships ) not including ALA)	\$ _____
Advance from other sources	\$ _____

## EXPENSES; SCHOOL YEAR

Tuition and fees	\$ _____
Board	\$ _____
Room	\$ _____
Books	\$ _____
Organizations	\$ _____
Incidentals (itemize and explain)	\$ _____

Applicant must submit the following with this completed application:

1. Three (3) letters of reference attesting to character. Letters may be from school officials, employers, clergy, personal friends. Only one (1) letter may be from a personal friend.
2. Current school transcript of grades.
3. Letter from applicant expressing need.

**Application & supporting documents must be forwarded to me by: May 2, 2025**  
**Suzanne Ballenger, Education Chairman - Email: [psychgurl14@gmail.com](mailto:psychgurl14@gmail.com)**  
 Chino American Legion Auxiliary Unit 299, 13759 Central Ave., Chino, CA 91710

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

In accordance with the Privacy Act of 1974, this information will be held in strict confidence.