

**American Legion Educational Loan Fund of South Dakota  
P.O. Box 67 — Watertown, South Dakota 57201**

**Personal Information**

Name of Applicant: \_\_\_\_\_

Born at: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Graduate of: \_\_\_\_\_ High School. Year Graduated: \_\_\_\_\_

Veteran/Parent's/Grandparent's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(If mother/grandmother is veteran, give name as it appears on discharge)

Veteran of: ( ) WW II ( ) Korea ( ) Vietnam ( ) Leb./Gren. ( ) Pan. ( ) Des. Storm

Military service began: \_\_\_\_\_, \_\_\_\_\_; Ended: \_\_\_\_\_, \_\_\_\_\_.

Name of other parent: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's present address: \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant's address if different: \_\_\_\_\_ Phone # \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Ages: \_\_\_\_\_

Father's employment: \_\_\_\_\_ Monthly income: \$ \_\_\_\_\_

Mother's employment: \_\_\_\_\_ Monthly income: \$ \_\_\_\_\_

Family-owned real estate: Home (yes) (no); Farm (yes) (no); Other: \_\_\_\_\_

Where can verification of the above military service of self/parent or grandparent be obtained?

County Courthouse at: \_\_\_\_\_ American Legion Post at: \_\_\_\_\_

Other: \_\_\_\_\_

Institution in South Dakota at which applicant desires to enroll or is enrolled: \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

Have you corresponded with this institution? \_\_\_\_\_ Have you received indication that you will be accepted? \_\_\_\_\_ Date enrollment is to be effective: \_\_\_\_\_

Below, give statements concerning the following:

- Your high school record: It is required that an official transcript of your high school (and college, if applicable) grades be attached to this application.
- In what extra-curricular activities did you participate?

- Your vocational plans: (What are you getting ready to do? What indications do you have that you have the aptitude for success in this field?)

- Your school plans? (Where have you gone to school since attending high school? How long a course do you plan to take? Will all the work be done at the institution named on the previous page?)
- Personal information: (Anything about yourself which you think the Educational Loan Committee should know, which is not described previously.)

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### Application for American Legion Educational Loan

I, \_\_\_\_\_, Address \_\_\_\_\_

\_\_\_\_\_ hereby make application for an American Legion educational loan in the amount of \$ \_\_\_\_\_ (\$1,500.00 maximum). This amount of money is required by me to meet necessary expenses in connection with my education.

**My needs I estimate as follows:**

**School Cost for Coming Year:**

Tuition and fees .....	\$ _____
Books and supplies .....	\$ _____
Board for _____ months, total .....	\$ _____
Room for _____ months, total .....	\$ _____
Insurance premiums .....	\$ _____
Personal necessities .....	\$ _____
Spending money .....	\$ _____
<b>Total .....</b>	<b>\$ _____</b>

**Money available to apply to the above-listed expenses (excluding this loan)**

Money in possession .....	\$ _____
Money to be obtained from other sources .....	\$ _____
(Work, parents, etc.)	
Money to be earned during schooling (est.) .....	\$ _____
Money to be borrowed (excluding this loan)	
from _____ .....	\$ _____
<b>Total .....</b>	<b>\$ _____</b>

**Difference (amount needed) .....** \$ \_\_\_\_\_

**My plan for repayment is as follows:**

I plan to complete my education and begin making repayments on this loan on the first day of:

(month and year) \_\_\_\_\_ , \_\_\_\_\_

My estimated salary after graduation, per month..... \$ \_\_\_\_\_

My estimated monthly budget during employment:

Board and room .....	\$ _____
Clothing .....	\$ _____
Personal necessities .....	\$ _____
Travel .....	\$ _____
Laundry and cleaning .....	\$ _____
Insurance premiums .....	\$ _____
Monthly payments on other debts .....	\$ _____
Other expenses _____	\$ _____
_____	\$ _____

**Total** ..... \$ \_\_\_\_\_

Monthly balance available for repayments on this loan ..... \$ \_\_\_\_\_

**I will make monthly payments on this loan in the sum of:** ..... \$ \_\_\_\_\_

The names of the following people are submitted as references:

(Do not list persons related to you.)

Name	Complete Address (include street & box numbers)	Occupation
_____	_____ _____ Phone # _____	_____ A high school teacher
_____	_____ _____ Phone # _____	_____ A hometown businessman
_____	_____ _____ Phone # _____	_____ Member of your hometown American Legion Post
_____	_____ _____ Phone # _____	_____ Someone who has known you for at least 10 years

I hereby agree that if this application for an American Legion educational loan is accepted, I will completely and promptly meet the terms of a note promising repayment on the schedule set out in this application, or should I discontinue attending school for any reason, I will start my repayment schedule within three months after that discontinuance. I understand that this loan is being made to me because the funds are necessary to continue my education, and I will make repayment as I have indicated above so money will be available for another student. I agree that as long as any balance on this note is outstanding I will keep the Educational Loan Committee of The South Dakota American Legion informed as to my location.

To the foregoing facts and statements, I attach my signature this \_\_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_.

SIGNED \_\_\_\_\_

Social Security number \_\_\_\_\_

### CO-SIGNER

If this application is approved, a promissory note will be sent to you. The regulations require an adult co-signer as designated by the Educational Loan Committee.

Accordingly, will you provide this information:

Who will co-sign this note? \_\_\_\_\_

What is his/her occupation? \_\_\_\_\_

What is his/her Social Security number? \_\_\_\_\_

After you have provided the requested information, take this form to the Post Commander of your local American Legion Post and ask him/her to complete the endorsement below. This form is then to be forwarded to: American Legion Educational Loan Committee, P.O. Box 67, Watertown, S.D., 57201, for further consideration. The deadlines to submit this form is Nov. 1 for loans to be considered for the spring semester and May 1 for loans to be considered for the fall semester.



### Endorsement

The veteran/parent or grandparent under which the applicant is claiming eligibility is eligible to be a member of The American Legion.

I have examined the above application and found it correct to my best knowledge, and I recommend that it be referred to the Educational Loan Committee for further consideration.

SIGNED \_\_\_\_\_

Post Commander

The American Legion Post No. \_\_\_\_\_

\_\_\_\_\_, S. Dak.