

American Legion Auxiliary Department of Vermont Award 2015 - 2016

One award will be given in the amount of \$1000.00. This is an award and not to be repaid.

**RULES:**

1. Candidates for this award shall be daughters, step daughters, sons, step sons, granddaughters, grandsons, step granddaughters or step grandsons of veterans who served in the Armed Forces during eligibility dates for membership in The American Legion.
  - a. April 6, 1917 through November 11, 1918 (WWI)
  - b. December 7, 1941 through December 31, 1946 (WWII)
  - c. June 25, 1950 through January 31, 1955 (Korean War)
  - d. February 28, 1961 through May 7, 1975 (Vietnam War)
  - e. August 24, 1982 through July 31, 1984 (Grenada and Lebanon)
  - f. December 20, 1989 through January 31, 1990 (Panama)
  - g. August 2, 1990 to the date of cessation of hostilities (Persian Gulf to present)
2. Applicants must be in their senior year of high school.
3. Participation in this scholarship program shall be on a voluntary basis in all Units.
4. No Unit may enter more than one candidate in the Department competition.
5. Applicants must present the completed application to the local American Legion Auxiliary Education Chairman on or before May 1, 2016.
6. The winning entry for each Unit shall be certified by the American Legion Auxiliary Department President and mailed to the Department Education Chairman on or before May 16, 2015.
7. Judging at all levels shall be on the following basis;
  - a. Character/Leadership 20 points
  - b. Application 20 points
  - c. Financial Need 20 points
  - d. Scholarship 40 points
8. The decision of the judges shall be final.

**APPLICATION PACKET REQUIREMENTS:**

1. Completed application packet for Department of Vermont Award.
2. The following three letters of recommendation:
  - a. One letter from either the Principal or Guidance Counselor of the school from which the applicant will graduate; to include the size of class and students position in the class, and cumulative grade point average.

- b. Two letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship and leadership.
- 3.** A certified transcript or photocopy of the applicant's high school grades.
- 4.** A copy of ACT or SAT tests scores.
- 5.** A copy of the FASFA (financial aid) form submitted for assistance in college.

EACH UNIT AND DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANTS PACKET.

American Legion Auxiliary Department of Vermont

Award Application 2015 - 2016

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

NAME OF FATHER, STEPFATHER OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

VETERAN YES \_\_\_\_\_ NO \_\_\_\_\_ DATE OF MILITARY SERVICE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ANNUAL GROSS INCOME \_\_\_\_\_

NAME OF MOTHER, STEPMOTHER OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

VETERAN YES \_\_\_\_\_ NO \_\_\_\_\_ DATE OF MILITARY SERVICE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ANNUAL GROSS INCOME \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN UNDER THE AGE OF 18 \_\_\_\_\_ OVER THE AGE OF 18 \_\_\_\_\_

GRADE LEVEL OF DEPENDENTS \_\_\_\_\_

DOES ANYONE LIVING AT HOME REQUIRE CONSTANT MEDICAL CARE? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU ELIGIBLE FOR BENEFITS UNDER SURVIVORS AND DEPENDENTS EDUCATION? YES NO

DATE OF PROPOSED GRADUATION \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND \_\_\_\_\_

WHY WOULD RECEIVING THIS AWARD BE IMPORTANT TO YOU? (attach additional sheets if needed)

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WHAT COURSE OF STUDY DO YOU PLAN TO PURSUE AND WHY? (attach additional sheets if needed)

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WHY DO YOU THINK A UNITED STATES PATRIOTIC ORGANIZATION, SUCH AS THE AMERICAN LEGION IS AUXILIARY IS IMPORTANT TO THE WORLD TODAY? (attach additional sheets if needed) \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE BE SURE TO ATTACH ALL REQUIRED MATERIAL TO THIS APPLICATION AND SEND IT TO THE DEPARTMENT EDUCATION CHAIRMAN NO LATER THAN MAY 6, 2016.

**2015 - 2016 DEPARTMENT OF VERMONT AWARD**

**THIS PORTION IS TO BE COMPLETED BY THE SPONSORING UNIT (please type or print)**

**The winning entry for each Unit shall be certified by the American Legion Auxiliary Unit President and Unit Education Chairman and mailed to the Department President on or before May 6, 2016.**

**Unit Name and Number \_\_\_\_\_ Date Received \_\_\_\_\_**

**Signature (Unit President) \_\_\_\_\_**

**Signature (Unit Education Chairman) \_\_\_\_\_**

**THIS PORTION IS TO BE COMPLETED BY THE DEPARTMENT PRESIDENT AND THE DEPARTMENT  
EDUCATION CHAIRMAN**

**The winning entry for each Unit shall be certified by the American Legion Auxiliary Department President and mailed to the Department Education Chairman on or before May 16, 2016.**

**Signature (Department President) \_\_\_\_\_**

**Signature (Department Education Chairman) \_\_\_\_\_**