

2019-2020

Year - End

Reports

All of the attached reports must be sent to the Department Chairman by the due date of May 6, 2020. Any Department Chairman not including a Year-End Report Form in this packet will be responsible for supplying each Unit with one.

Please get together with your Unit Chairman and fill out the reports. All Department Chairmen have a Year-End Report to file with their National Chairman. These reports are the only way the Department Chairman can report accurate information.

UNIT CHAPLAIN
ANNUAL REPORT FORM 2019-2020
DUE ON MAY 6, 2020

Please return to: Anne MacEachern 64 Bellwater Ave. Barton, VT 05822

anne.maceachern@gmail.com (802)673-0781

UNIT NAME AND NUMBER _____

CHAIRMANS NAME _____

ADDRESS: _____

1. Number of members lost by death
Gold Star Mothers Seniors _____ Juniors
2. Did your Unit open and close all meetings with a prayer?
3. Did your Unit hold a monthly Memorial Service for a deceased member?
4. Did your Unit hold a yearly Memorial service for members lost in the last year? Was the charter draped for those members?
5. Did your Unit participate in services for Memorial Day, Veteran's Day, Fourth of July and/or other patriotic observances? Write a brief account of what was done.
6. Did your Junior's participate in these services? Yes No
7. List organizations to which memorial donations were made.
Including monetary donations made in lieu of (name)
8. Did your Unit hold a Four Chaplains program this year and/or send a donation to the Chapel of Four Chaplains?
Did you include the American Legion Family?
Write a brief account of what was done.
9. Did your Unit use THE AMERICAN LEGIONAL AUXILIARY NATIONAL NEWS reflection page as a resource during the year? Write a brief account of what was done.
10. Was a Prayer Book made for your Unit President?
Did you send a prayer for your Department President's Prayer Book?
Did you send a prayer for your National President's Prayer Book?

HISTORIAN'S YEAR END REPORT

2019-2020

REPORT DUE: May 6, 2020

MAIL TO: Jill Farringer 2022 Lower Newton Road St. Albans, VT 05478

jill.farringgr@gmail.com

UNIT NAME: _____

UNIT HISTORIAN: _____

ADDRESS: _____

PLEASE ANSWER ALL QUESTIONS

USE BACK OF SHEET TO EXPLAIN

1. DID YOU SUBMIT A HISTORY BOOK FOR COMPETITION? _____

2. DID YOU SUBMIT A PHOTO HISTORY BOOK FOR COMPETITION? _____

3. DO YOU HAVE AN INSTALLED JUNIOR UNIT? _____

IF YES, DID THEY SUBMIT A HISTORY BOOK? _____

4. DID YOUR UNIT PARTICIPATE IN THE VETERANS HISTORY PROJECT? _____

5. HOW MANY VETERAN'S HISTORIES WERE RECORDED BY SENIOR MEMBERS? _____

6. HOW MANY VETERAN'S HISTORIES WERE RECORDED BY JUNIOR MEMBERS? _____

7. DID YOU SEND A MID-YEAR REPORT OF YOUR UNIT'S ACTIVITIES TO
THIS DEPARTMENT HISTORIAN BEFORE MID-WINTER CONFERENCE? _____

8. DESCRIBE THE METHOD YOU USED TO PROMOTE HISTORY AWARENESS IN YOUR
UNIT, (PICTURE GALLERY OF PAST PRESIDENTS, NATIONAL RESOURCES USED,
DISPLAYS, ETC.)

AMERICANISM

2019-2020 Year End Report

Return to: Nancy Buckley Howard 3674 Bonnyvale Rd. Apt.# 1 Guilford, VT 05301/ (802)490-2393

Report is Due: May 6th 2020

Unit Name: _____

Chairman: _____

Address & Phone: _____

1. Did your Unit participate in any of the National Objectives for this year?

2. Community Education of Flag Etiquette? _____

3. Youth activities that support respect for the Flag and Loyalty to our Country? _____

4. Did your Unit participate in the Legion Oratorical Contest? _____

5. Did your Unit sponsor any youth for Oratorical?

6. Did any Unit members participate? If so, how many? _____

7. Did your Unit promote Patriotic Holidays? How so?

8. Did your Unit promote the National Americanism Essay Contest "**What can I do to promote Americanism in my school or community?**" If so, how many Essays? _____ Were any submitted to Department for National competition? _____ Did your Unit participate in Dept. Chairman Americanism Essay Contest for Mid-Winter?

9. Did your Unit utilize juniors in your Unit for Americanism programs?

10. Did you promote or help with Legion Baseball? _____ if so, how?

11. Did you promote or help with Eagle Scouts/Boy Scouts/Cub Scouts/Girl Scouts? If so explain how

Dont see anything here you think your Unit did? Please feel free to attach additions to this report. All of your Unit's Americanism work is very important to me and will be reviewed and mentioned in my final National and Dept. reports. Thank you.



**AMERICANISM ESSAY CONTEST
2019 Cover Sheet**

Each year, the American Legion Auxiliary (ALA) sponsors an Americanism Essay Contest for students in grades 3-12, including students with special needs. Grade levels are divided into six classes. One award in each of the six classes will be presented in each division. Winners will receive \$50 and a \$50 donation in the student's name will be made to the Children of Warriors National Presidents' Scholarship fund. National winners will be posted at www.ALAforVeterans.org after convention.

Essay Title: *"How can we address and prevent veteran homelessness in our communities?"*

Essay Classes:

Class	Grade Level	Word Requirement
	3 and 4	150-250
	5 and 6	250-300
	7 and 8	350-400
	9 and 10	450-500
	11 and 12	450-500
	Students with special needs	Word count should correspond with student's grade level.

Essay Checklist:

- Class competing in _____
- Sponsoring ALA unit _____
- Typed or neatly written essay conforming to the word requirement for class
- Completed essay coversheet as first page of essay
- Word count of essay _____
- Due date for student to return to ALA unit _____

To Be Completed by the Student/Parent:

Student Name: _____

Address (Street, City, State, Zip): _____

E-mail Address: _____

Phone: _____

School Name: _____

School City/State: _____

Teacher Name and Signature: _____

Auxiliary Use Only (Must be completed for entry to be considered.):

Sponsoring Unit Name/Number: _____

Signature of Unit Americanism Chairman: _____

Unit winner due to Department on: _____ Department: _____

Signature of Department Chairman: _____

Department winner due to National Americanism Division Chairman by April 15, 2020

AUXILIARY EMERGENCY FUND (AEF)
YEAR END REPORT

Due date: May 6, 2020

Return to:

Beverly Flint 4102 Vt Rt 14, Lot#5 Williamstown, VT

05679 (802)522-8786 bdarmanagementllc@yahoo.com

Unit Name and number: _____

Chairman: _____

Address: _____

Phone: ----- _____

E-mail: _____

1. Did your unit donate to the AEF? _____
2. Did you keep out a bag or jar for the change challenge? _____
3. What was your total donation? _____
4. How was the AEF program promoted in your unit? _____
5. Any suggestions on how we can do better? _____
6. Was the AEF applied for by anyone in your unit? _____
7. Do you have an AEF application on hand for someone in need? _____
8. Did your unit help a member using unit funds? _____
9. Please enclose a brief summary on how your unit promoted and raised funds.



2019 - 2020
Department of Vermont
Children & Youth Year End Report

Unit Name & Number: _____

Chairpersons Name: _____

Chairpersons Phone #: _____

Did your unit read the chairperson's message at the meetings?

Did your unit work on special functions within the community?

If so please explain*

Did your unit do something special to support military children and youth?

If so please explain*

Please check those of the following your unit spoke to youth about or helped with a project for:

Halloween safety

Children welfare

KDH2 (Kid of Deployed are hero 2)

Suicide prevention

Drugs and Alcohol abuse

Did your unit have any entries for "Youth Hero and/or Good Deed Awards"?

If so please share*

Did your unit assist the youth with applying for the Legacy Scholarship?

Please submit report by May 6, 2020 to:

Shari August, Chairperson
365 Saratoga Road
Glenville, NY 12302
(518) 488-4917

Please use back of this document or attach narrative*

COMMUNITY SERVICE YEAR END REPORT 2019 / 2020

UNIT NAME AND NUMBER: _____

UNIT PRESIDENT: _____ UNIT CHAIRMAN: _____

DID YOUR UNIT PARTICIPATE IN COMMUNITY WIDE ACTIVITIES? _____

WHAT TYPE: _____

DID YOUR UNIT WEAR AUXILIARY ATTIRE? (SHIRTS, NAME TAGS); _____

PARTICIPATE IN NATIONAL DAYS OF SERVICE? _____

MAKE A DIFFERENCE DAY _____

VETERANS DAY _____

NATIONAL PEARL HARBOR REMEMBRANCE DAY

MARTIN LUTHER KING JR. NATIONAL DAY OF SERVICE _____

NATIONAL VOLUNTEER WEEK _____

DID YOUR UNIT APPLY FOR A NATIONAL COMMUNITY SERVICE AWARD? _____

TOTAL NUMBER OF HOURS FOR COMMUNITY SERVICE _____

TOTAL VALUE OF IN-KIND DONATIONS _____

TOTAL DOLLARS SPENT/DONATED TO COMMUNITY SERVICE PROGRAMS _____

IF YOU HAD A SPECIAL COMMUNITY SERVICE PROJECT, PLEASE INCLUDE A NARRATIVE AND PICTURES OF SAID EVENT ON A SEPARATE SHEET OF PAPER.

PLEASE REPORT COMPLETED REPORT BY MAY 6,
2020 **Patsy Tompkins**

1229 May Pond Rd. Barton, VT 05822

riley917@myfairpoint.net

CONSTITUTION & BY-LAWS YEAR END REPORT Due: 05/06/2020

Return completed report form, along with-completed narrative report to:

Candy Huseman, 224 Shattuck Hill Rd. Lot A8, Newport, Vermont 05855

UnitName: _____ linitNumber: _____

Chairman: _____ email address: _____

Address and telephone: _____

Has your unit perforined an annual review of your Constitution & Bylaws? _____

If so, what inspired your unit to review your governing documents? _____

When were your unit Constitution & Bylaws last revised? -

Did your unit participate in any activities to learn about your Constitution & Bylaws? _____

so, what were those activities? (please explain on a separate sheet)

What did you, as chairman, and / or your unit learn this year about the importance of your governing documents? (please explain on a separate sheet)

How many unit members attended fall conference? mid-winter conference? ____

Did your unit members attend a district workshop? __ If so, how many members?__

.....

Department Awards

Lydia Roberts Constitution & Bylaws Award

1. Does your unit recite the Preamble during opening cesemonies? (10 pts)
2. Does your unit explain the meaning of the Preamble to your new members? (10 pts)
3. Does your Mill explain the unit Constitution & Bylaws to new members? (10 pts)
4. Does your unit explain to your members howto write an amendment and how to write a resolution? (10 pts)
5. Does your unit on a regular basis take time to answer any and all questions members have in regard to the workings of the American Legion Auxiliary? (10 pts)

Include an essay of at least200 words on how you, as unit chairman, presents study of your unit's documents to your unit members. Describe what tools you used as well as what method you used and whether you believe this study was beneficial to the members. Please include all aspects of your unit documents, including bow to amend said 'document. (50 pts)

The answers must be typed in order to be eligible for judging and / or award. (15 pts)

Janet Osmer Organizational Support Pod Award (these questions are part of the requirements for this award). Did your unit:

Submit a history book? (10 pts)

Do an annual audit? (10 pts)

Give out the Past Presidents Parley Scholarship? (5 pts)

Constitution & Bylaws:

Explain & practice how to make a motion? (5 pts)

Explain the responsibility of each chairmanship? (5 pts)

Explain the meaning of the Preamble? (5 pts)

Parliamentary

Chairman speaks on protocol? (10 pts) •

Have national, department, unit Constitution & Bylaws at each meeting? (10 pts)

Have **Roberts Rules of Order**, *Newly Revised* at each meeting? (10 pts)

Have the department handbook at each meeting? (10 pts)

To qualify for this award, the unit must answer all questions in narrative form and send the report to the Trophies and Awards chairman (20 pts)

POPPIES 2019-2020

Due May 6, 2020

Mail to:
Ishanna Smith PO Box 323 Hardwick, VT 05843
Ishanna.smith@yahoo.com (603)345-3030

Unit Name & Number:

Unit Chairman: _____

Address: _____

Phone: _____ E-mail: _____

1. Did your Unit participate in the Poppy Poster Contest? Yes _____

2. Did your Unit sponsor a Poppy Queen or King? Yes _____ No _____

3. Did your Unit submit a mid-year report? Yes _____ No _____

4. Did your Unit enter the Poppy Corsage contest? Yes _____ No _____

5. Did your Unit enter an Arrangement of Choice contest? Yes _____ No _____

6. Did your Unit participate in the production of Poppies? Yes _____ No _____

7. Did your Unit purchase Poppies? Yes _____ No _____
If so, how many? _____

8. Is your Unit applying for an award from Department? Yes _____ No _____

9. Is your Unit applying for an award from National? Yes _____ No _____

10. Did your Unit have help with Poppy promotion from your Post family?
Yes _____ No _____

EDUCATION YEAR END REPORT

DUE — May 6, 2020

UNIT NAME AND NUMBER: _____

Education Chairman's Name:

Address: _____

Phone Number: _____

Did your Unit participate in American Education Week (November **14-18**, 2019)?

Yes _____ No _____ # of volunteer hours? _____ # of children served? _____

What did you do?

Did your Unit take part in Veterans in the classroom?

Yes _____ No _____ # of Volunteer hours? _____ # of Veterans? _____

How was this done? _____

Did your Unit participate in Adult Literacy Programs?

Yes _____ No _____ # of hours? _____ # of Adults served? _____ Amt. of donations or money spent? _____

of Juniors participating in the Literacy Programs? _____

Did your Unit participate in Give 10 to Education? Yes, _____ No _____ Amt. of donations, time or money spent? _____ Please list items your Unit included in Give 10 to Education? _____

Did your Unit submit an Educator of the Year? Yes No ___ ___

Describe what your Unit did to honor your Educator of the year: _____

Did your Unit do anything for Teacher Appreciation Week (May 1-5,2020)? Yes ___ No _____

Explain: _____

Amt. of donations, time, or money spent? _____

Did anyone mentor students on education? Yes No _____

Explain _____

Did your Unit hand out Education Brochures? Yes No _____

Explain what they were _____

Did your Unit assist/support military children with education opportunities? Yes ___ No

Explain _____

Please submit your Year End report by May 6, 2020 to:

Sharon Corey
1353 Lamb Hill Rd.
Apt.#2
Wells, VT 05774
scorey.alavt@gmail.com

2019-2020

Dear Unit Education Chairman:

Attached is the 2019 Educator of the Year form that you are to take your local schools. If you have more than one (1) school in your area please make copies of this and distribute to all of them,

The winner will be invited to attend our Department Convention in June, and will receive a plaque.

I must have all the entries mailed to me no later than April 10, 2020. This gives time for judging, ordering and engraving of the plaque.

Every community has a school teacher who is deserving of this award. Please get the applications into your schools today.

Only one (1) entry per Unit may be submitted to the Department Education Chairman. Mail your entries to:

If you have any questions, please call me at. (802)325-3234

Sharon Corey-2019-2020 Education Chairman
1353 Lamb Hill Rd. Apt. #2
Wells, VT 05774
scorey.alavt@gmail.com

2019-2020
American Legion Auxiliary Educator of the Year Application

Nominees Name:

Nominees Address:

School Name:

School Address:

Application Submitted By: (Unit name & number)

Unit President's Name:

Unit President's Phone Number:

American Legion Auxiliary
2020 Educator of the Year Nominee

In the space provided, please provide a biography of the nominee and the reasons for the nomination. Additional sheets may be added.

**UNIT EDUCATION CHAIRMAN -
(Revised 2019)**

Attached is the application for the Non-traditional Education Award. Please follow the directions listed below. NOTE: Following all directions carefully will make a difference in the award being given out to your applicant.

NON-TRADITIONAL AWARD:

1. Participation in this award is on a voluntary basis within all units.
2. Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15".
3. Make sure to include the correct mailing address on the application form.
4. The Unit can only mail one application to be judged.
5. Unit chairman is to forward a copy of the application to Department Chairman by May 1st for judging by the Department Chairman & the Department President (You can mail the Department President's copy to Department Headquarters at P.O. Box 192, Montpelier, VT 05601)
6. Judging criteria:

Financial Need	25 points
Academic Achievement	25 points
Character & Leadership	25 points
Initiative & Goals	25 points



Attach this form to the application when you forward to Department for judging:

Unit Name & Number: _____

Date Unit Received Application: _____

Unit President Signature

Unit Chairman Signature

DO NOT INCLUDE THIS FORM WITH APPLICATION! These are Unit Instructions ONLY!

UNIT EDUCATION CHAIRMAN

(Revised 2019)

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

American Legion Auxiliary Department of Vermont Award

RULES:

1. Participation in this scholarship program shall be on a voluntary basis in all Units.
2. No Unit may enter more than one candidate in the Department competition.
3. 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 16th.
4. 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

APPLICATION PACKET REQUIREMENTS- (see copy already attached)

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

**American Legion Auxiliary Department
of Vermont Award
Application (Revised 2019)**

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)

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

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

SIGNATURE

DATE

Unit Chairman: _____

Unit Address: _____

Unit President Signature/Date

Unit Chairman Signature/Date

AAAAAAAAAAAMAAWAAAAAAAAAAAAAAAAAAAAAJ!/.11111ARAAAAAAAAAAAAAAAAAAAAAAAAAAAAAPAAAAA'AAAAALAMAAMAAAAAAAAAAAAAAAAAAAAAAJIAAAAAAAAAWAIMAAAAAAAAAAAAAAhAAAAAAAAA16

Attach this form to the application when you farned to Department for Judging:

Unit Name & Number _____

Date Unit Received:

DO NOT INCLUDE THIS FORM WITH APPLICATION, THIS IS FOR UNIT INSTRUCTIONS ONLY!

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

**American Legion Auxiliary Department of Vermont
Non - Traditional Student Award Application**

NAME OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ DATE OF BIRTH _____

HOME TELEPHONE # _____ CELL # _____

I AM A MEMBER IN GOOD STANDING OF: check one

AMERICAN LEGION _____

AMERICAN LEGION AUXILIARY _____

SONS OF THE AMERICAN LEGION _____

MEMBER NUMBER _____

UNIT, POST, SQUADRON NAME _____

LOCATION (CITY, STATE) _____

NAME OF VETERAN WHOM APPLICANT IS ELIGIBLE FOR MEMBERSHIP _____

RELATIONSHIP TO VETERAN _____

ATTESTED (not to be filled by applicant) _____

SCHOLASTIC INFORMATION

DATE OF HIGH SCHOOL GRADUATION _____

DATE LAST ATTENDED ANY PREVIOUS COLLEGE EDUCATION _____

(If it has been more than five years since the applicant last attended school, please submit work history)

FINANCIAL INFORMATION

NUMBER OF DEPENDENTS _____

APPLICANTS ADJUSTED GROSS INCOME _____



**American Legion Auxiliary
National Report and Award Cover Sheet**

**PLEASE BE AWARE THE AWARDS AND REPORTING PROCESSES HAVE
CHANGED. READ THE FOLLOWING INFORMATION CLOSELY TO ENSURE
THAT YOU HAVE SUPPLIED ALL NEEDED INFORMATION.**

Member: The National Report and Award Cover Sheet should be attached if you are reporting. Submission may make you or your unit/department eligible for a national award.

Department Chairman and Unit Chairman: This cover sheet should be attached to each narrative submitted as a year-end report or if you are applying for a department or unit national award.

- Send all award entries/year-end narrative reports to the appropriate program's division chairman unless otherwise noted in the Annual Supplement to the Programs Action Plan.
- All year-end narratives will be judged as award entries.
- Award winners are announced in the respective committee "pre-con" meeting prior to the start of ALA National Convention. All awards will be mailed to the winners' department headquarters at the close of ALA National Convention.

To all submitting this form:

Submissions become property of the American Legion Auxiliary National Headquarters. Through submission of reports and award entries, the submitter grants nonexclusive reproduction and publication rights to the materials submitted, and agrees to have their names and submission published for ALA use or commercial use without additional compensation or permission.

Please fill out the information as completely and accurately as possible. Award certificates will be completed using the information given on this sheet, so please be sure to complete the form in its entirety. For your convenience, a fillable version of this form is available online at www.ALAforVeterans.org.

For the award for which you wish to be considered, please refer to the 2017-2022 Programs Action Plan at www.ALAforVeterans.org for the specific criteria such as photographs, narrative length, submission deadline, and point of contact. Please include all required documentation along with your submission of the National Report and Award Cover Sheet. All awards will be mailed to the depart___ nient office after ALA National Convention. Department presidents may wish to recognize award recipients by presenting them with the award at a department function.



American Legion Auxiliary
National Report and Award Cover Sheet

Please note, your report will also be viewed as an award entry.

Complete the following if you are applying for a member award. Be sure to give the complete name of the member. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of state where you are a member: _____

Member Name: _____ ALA member ID#: _____

Nominating Member (if different from above): _____

Nominator's Phone number: (____

Nominator's Email address: _____

National committee sponsoring award: _____

Type of Award: Department Unit Member

Name of the award you are applying for: _____

For a unit award or to submit a year-end unit narrative report, please complete this section. Be sure to give the complete name of your unit. The award certificate will be prepared using the information you include below.

Unit #: _____ Full official unit name: _____

Name of department: _____

Unit president/chairman (circle one) name: _____

Above listed person's ALA member ID#: _____ Phone number: (____

Email address: _____

For a department award or to submit a year-end department narrative report, please complete this section:

Name of department: _____

Name of department chairman: _____

Chairman's phone number: (_____ ALA member ID#: _____

Chairman's email address: _____

Please see your committee's Annual Supplement to the Programs Action Plan to determine where to send this form.



**AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION**

Fifteen scholarships, in the amount of \$5,000 each, will be awarded for 2020. Three scholarships will be awarded in each of the five divisions of the American Legion Auxiliary. All are gift scholarships; not loans.

RULES

1. Candidates for this award shall be daughters, sons, grandsons, granddaughters, great-granddaughters, or great-grandsons of veterans who served in the United States Armed Forces during eligibility dates for membership in The American Legion: April 6, 1917, to November 11, 1918; and any time after December 7, 1941.
2. Applicants must be in their senior year of high school.
3. This is a scholarship to attend an accredited institution of higher education.
4. Applicant must complete 50 hours of volunteer service within the community during his/her high school years. Hours must be verified in writing by the recipient organization(s).
5. Applicants must present the completed application to their **local American Legion Auxiliary Unit President ON OR BEFORE MARCH 1, 2020.**
6. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Essay/Application	25%
Financial Need	25%
Academic Achievement	25%

THE DECISION OF THE JUDGES SHALL BE FINAL.

7. The award will be paid directly to the school for the first semester upon notification from the school that the student has registered. ***American Legion Auxiliary National Headquarters must receive certification of enrollment within 12 months of a winner's notification or the scholarship will be forfeited.*** The scholarship must be used within 24 months of the date the winner receives notification by National Headquarters, or the scholarship will be forfeited. Thus, if the winning student does not wish to use monies for FIRST-YEAR expenses, it must then be used for SECOND-YEAR expenses or forfeited.



**AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION**

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Mobile: _____

Name of father, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Occupation: _____ Annual gross income: _____

Name of mother, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Occupation: _____ Annual gross income: _____

Number of dependent children under 18 years _____ over 18 years _____ Grade levels _____

Total monthly compensation, pension or trust received by parent and/or children \$ _____

Are you eligible for, or are you drawing, Social Security payments? Yes _____ No _____

If so, monthly amount \$ _____ Time limit of benefits _____

Are you eligible for benefits under Survivors and Dependents Education? Yes _____ No _____

Name of Veteran: _____ Dates of Military Service: _____



**AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION**

**Please answer the following questions on a separate paper
and attach it to your application.**

1. Why would receiving this scholarship be important to you? Please explain.
2. What is your proposed date of graduation from high school? What college or university do you hope to attend? What course of study do you plan to pursue and why?
3. Describe your involvement in school, church and community activities.
4. Why do you think United States' patriotic organizations, such as the American Legion Auxiliary, are important to the world today?

NOTE: Please attach to this application all required materials listed on the following page and submit everything as one document to the president of the American Legion Auxiliary unit in which your membership is recorded.

NO LATER THAN MARCH 1, 2020.



**AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION**

APPLICATION PACKET REQUIREMENTS

1. Completed application packet for the Children of Warriors National Presidents' Scholarship.
2. The following four letters of recommendation are required:
 - a. One letter, from either the principal or guidance counselor of the school from which the applicant will graduate, to include size of class; student's position in the class; and the cumulative grade point average or your homeschool equivalent.
 - b. One letter from a clergyman/clergywoman of the applicant's choice.
 - c. Two letters from adult citizens — other than relatives — attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. An original essay consisting of no more than 1,000 words (typed, double-spaced). The title of the essay will be "**Why is it important that the American Legion Auxiliary helps to care for the health and well-being of our veterans, military, and their families?**"
4. A letter from recipient organization(s) verifying 50 hours of voluntary service during high school years.
5. A certified transcript, or photocopy of the certified transcript, of the applicant's high school grades.
6. A copy of ACT or SAT test scores.
7. A copy of the FAFSA (Free Application for Federal Student Aid) form, or a copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid Report (SAR).
8. A brief statement of the military service of parent or grandparents, including the branch of service and dates of service, or a photocopy of parent's or grandparent's discharge papers.
9. Please be sure to attach all these required materials to this application and submit the application and the materials to the President of the American Legion Auxiliary Unit in the community in which you residewhere you live **NO LATER THAN MARCH 1, 2020.**



**AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION**

THIS PORTION TO BE COMPLETED BY THE SUBMITTING UNIT

(PLEASE TYPE OR PRINT)

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

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Essay/Application	25%
Financial Need	25%
Academic Achievement	25%

2. No unit may enter more than one candidate in the Department competition.

3. The selected entry for each unit shall be certified by the American Legion Auxiliary Unit President and Unit Secretary or Unit Education Chairman

4. The selected entry for each Unit should be forwarded to the department secretary, for competition at the state level, to be received **ON OR BEFORE MARCH 15, 2020.**

5. Participation in this scholarship program shall be on a voluntary basis in all units.

6. Should an entry be received and no unit affiliation is available, then the application should be judged in the Department Headquarters Unit.

Unit Name and Number _____

Address _____

City, State, ZIP _____

Signature of Unit President

*Signature of Unit Secretary or
Unit Education Chairman*



AMERICAN LEGION AUXILIARY
CHILDREN OF WARRIORS NATIONAL PRESIDENTS' SCHOLARSHIP
2020 APPLICATION

**THIS PORTION TO BE COMPLETED BY THE DEPARTMENT
(STATE LEVEL)**

(PLEASE TYPE OR PRINT)

EACH DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Essay/Application	25%
Financial Need	25%
Academic Achievement	25%

2. Each department is restricted to submitting one candidate to the division level competition.

3. The selected entry for each department shall be certified by the American Legion Auxiliary Department President, and the department secretary or department Education chairman.

4. The selected entry for each department shall be forwarded to the respective division Education chairman for competition at the national level, so it's received **ON OR BEFORE APRIL 1, 2020**. Contact information for the Division Education Chairmen is located in the Education Annual Supplement to the Programs Action Plan, located on the Education program page in the Members Only section at www.ALforVeterans.org.

5. Participation in this scholarship program shall be on a voluntary basis in all Departments.

DEPARTMENT _____ DIVISION _____

Signature of Department President

*Signature of Department Secretary or
Department Education Chairman*

The Division Education Chairman and two qualified judges shall make the final decision on the three division winners. The Division Education Chairman shall certify the names of the winners and send their complete application packets to the National Education Chairman **on or before April 15, 2020**. The National Education Chairman shall certify the names of the winners to National Headquarters.



AMERICAN LEGION AUXILIARY NON-TRADITIONAL STUDENT SCHOLARSHIP 2020 APPLICATION

Five scholarships, in the amount of \$2,000 each, will be awarded for 2020. One scholarship will be awarded in each division of the American Legion Auxiliary. All are gift scholarships; not loans.

RULES

1. Applicant must be a current member of The American Legion, American Legion Auxiliary, or Sons of The American Legion, must have held membership for the two preceding years (2018 and 2019), and must be a paid member for the current (2020) membership year.
2. Applicants must be:
 - a. a non-traditional student returning to the classroom after some period of time in which his/her formal education was interrupted; OR
 - b. a non-traditional student who is beginning his/her education at a later point in life.
3. American Legion Auxiliary Spirit of Youth Scholarship recipients are not eligible.
4. Applicants must present the completed application to their **local American Legion Auxiliary unit president ON OR BEFORE MARCH 1, 2020.**
5. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Initiative/Goals	25%
Financial Need	25%
Academic Achievement	25%

THE DECISION OF THE JUDGES SHALL BE FINAL.

6. The award will be paid directly to the school for the first semester upon notification from the school that the student has registered. ***American Legion Auxiliary National Headquarters must receive certification of enrollment within 12 months of a winner's notification or the scholarship will be forfeited.*** The scholarship must be used within 24 months of the date the winner receives notification by National Headquarters, or the scholarship will be forfeited. Thus, if winning student does not wish to use monies for FIRST-YEAR expenses, it must then be used for SECOND-YEAR expenses or forfeited.



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL STUDENT SCHOLARSHIP
2020 APPLICATION**

Name of Applicant _____

Address _____

City _____ State _____ ZIP _____

Telephone No. _____ (Home) _____ (Cell)

Date of Birth _____

Email address _____

I am a member in good standing of:

_____ AMERICAN LEGION AUXILIARY

_____ THE AMERICAN LEGION

_____ SONS OF THE AMERICAN LEGION

Member # _____ Join Date: _____

Name of veteran through whom applicant is eligible for membership:

Relationship to Veteran _____

Attested: _____

(PostAdjutant/Unit Secretary)

SCHOLASTIC INFORMATION

Date Applicant graduated from high school: _____

Attach copy of high school transcript (if graduated in the last 10 years).

Has Applicant attended college? Last attended: _____

Attach copy of college transcript. (mo/yr)

If it has been more than five years since applicant has attended school, submit work history.



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL STUDENT SCHOLARSHIP
2020 APPLICATION**

FINANCIAL INFORMATION

Applicant's Adjusted Gross Income \$ _____
(AGI: Tax Forms 1010 on Line 31; 1040A on Line 6e; 1040EZ on Line 4.)

List support or income from any other sources:

Number of dependents: _____

Describe any circumstances that may affect your or your family's ability to provide for your college education. (Attach additional sheets if necessary)

CHARACTER/LEADERSHIP

Attach additional sheets if necessary.

Describe any community service activities in which you have participated during high school, college or career.

List offices held and/or awards received:



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL STUDENT SCHOLARSHIP
2020 APPLICATION**

INITIATIVE/GOALS

What major do you plan to pursue when you enter college? _____

Why have you selected this major? _____

What college or university do you plan to attend? Name _____

City _____ State _____

Why did you select this school? _____

Who or what inspired you to seek a college degree? _____

Signed: _____ Date: _____

NOTE: Please attach to this application all required materials listed on the following page, and submit it as one document to the President of the American Legion Auxiliary unit in which your membership is recorded **NO LATER THAN MARCH 1, 2020.**



**AMERICAN LEGION AUXILIARY
NON-TRADITIONAL STUDENT SCHOLARSHIP
2020 APPLICATION**

APPLICATION PACKET REQUIREMENTS

1. Completed application packet for the Non-Traditional Student Scholarship.
2. Copy of applicant's high school or college transcript(s), if applicable.
3. Applicant's work history, if applicable.
4. A copy of the applicant's FAFSA (Free Application for Federal Student Aid) form, or a copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid Report (SAR).
5. Please be sure to attach all required materials to this application and submit it as one document to the President of the American Legion Auxiliary unit in which your membership is recorded **NO LATER THAN MARCH 1, 2020.**



**AMERICAN LEGION AUXILIARY NON-
TRADITIONAL STUDENT
SCHOLARSHIP 2020 APPLICATION**

THIS PORTION TO BE COMPLETED BY THE SUBMITTING UNIT

(PLEASE TYPE OR PRINT)

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	25%
Initiative/Goals	25%
Financial Need	25%
Academic Achievement	25%

2. No unit may enter more than one candidate in the department competition.

3. The selected entry for each unit shall be certified by the American Legion Auxiliary unit president and unit secretary or unit Education chairman.

4. The selected entry for each unit should be forwarded to the department secretary for competition at the state level to be received **ON OR BEFORE MARCH 15, 2020.**

5. Participation in this scholarship program shall be on a voluntary basis in all units.

6. Should an entry be received and no unit affiliation is available, then the application should be judged in the department (state) headquarters unit.

Unit Name and Number _____

Address _____

City, State, ZIP _____

Signature of Unit President

*Signature of Unit Secretary or
Unit Education Chairman*



AMERICAN LEGION AUXILIARY NON-TRADITIONAL STUDENT SCHOLARSHIP 2020 APPLICATION

THIS PORTION TO BE COMPLETED BY THE DEPARTMENT (STATE)

(PLEASE TYPE OR PRINT)

EACH DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

- 1. Judging, at all levels, shall be on the following basis: Character/Leadership 25%, Initiative/Goals 25%, Financial Need 25%, Academic Achievement 25%
2. Each department is restricted to submitting one candidate to the division competition.
3. The selected entry for each department shall be certified by the American Legion Auxiliary department president and the department secretary or department Education chairman.
4. The selected entry for each department shall be forwarded to the respective division Education Chairman for competition at the national level so it's received ON OR BEFORE APRIL 1, 2020. Contact information for the division Education chairmen is located in the Education Annual Supplement to the Programs Action Plan, located on the Education program page in the Members Only section at www.ALforVeterans.org.
5. Participation in this scholarship program shall be on a voluntary basis in all departments.

DEPARTMENT _____ DIVISION _____

Signature of Department President

Signature of Department Secretary or Department Education Chairman

The division Education chairman and two qualified judges shall make the final decision on the winner. The division Education chairman shall certify the name of the winner and send the winner's complete application packet to the National Education Chairman on or before April 15, 2020. The National Education Chairman shall certify the names of all winners to National Headquarters.



**AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION**

Five scholarships, in the amount of \$5,000 each, will be awarded for 2020. One scholarship will be awarded in each division of the American Legion Auxiliary. All are gift scholarships; not loans.

RULES

1. Candidates for this award shall be/shall have been Junior members of the American Legion Auxiliary, have held membership in the American Legion Auxiliary for the past three consecutive years (2017, 2018 and 2019), and must be a paid member for the current (2020) membership year. Applicant must continue her membership in the American Legion Auxiliary during the scholarship period.*
2. Applicants must be in their senior year of high school.
3. This is a scholarship to attend an accredited institution of higher education. Applicants must be of good character and have grades which meet entrance requirements at the institution of their choice. Applicants must have at least a 3.0 GPA using a 4.0 base.
4. Applicants must present the completed application to their **local American Legion Auxiliary unit presidents ON OR BEFORE MARCH 1, 2020**
5. Judging, at all levels, shall be on the following basis:

Character/Leadership 30%
Essay/Application 30%
Academic Achievement 40%

THE DECISION OF THE JUDGES SHALL BE FINAL.

6. The first half of the award (\$2,500) will be paid directly to the school for the first semester upon notification from the school that the student has registered. ***American Legion Auxiliary National Headquarters must receive certification of enrollment within 12 months of a winner's notification or the scholarship will be forfeited.*** There shall be no money paid to the school for the ensuing semesters until notification of re-enrollment has been received from the school. Notification from the school must include verification of a B (3.0) average. If the winner discontinues her education or membership in the American Legion Auxiliary before completing scholarship period*, the balance of the scholarship will be forfeited. The winner will have six years from the date of high school graduation to utilize the scholarship funds.

**Scholarship period is defined as the time from which scholarship is awarded until funds are fully dispersed or the scholarship expires, whichever comes first.*



**AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION**

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Mobile: _____

Date Applicant Joined the American Legion Auxiliary _____

Name of veteran through whom applicant is eligible for membership in American Legion Auxiliary:

Relationship to Veteran _____

Name of father, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name of mother, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Birth _____ Membership # _____

Print or Type Full Name

Signature of Applicant



**AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION**

**Please answer the following questions on a separate paper
and attach it to your application.**

1. Why would receiving this scholarship be important to you? Please explain.
2. What is your proposed date of graduation from high school?
What college or university do you hope to attend?
What course of study do you plan to pursue and why?
3. Describe your involvement in school, church and community activities.
4. Why do you think United States' patriotic organizations, such as the American Legion Auxiliary, are important to the world today?

NOTE: Please attach to this application all required materials listed on the following page and submit everything as one document to the president of the American Legion Auxiliary unit in which your membership is recorded.

NO LATER THAN MARCH 1, 2020.



**AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION**

APPLICATION PACKET REQUIREMENTS

1. Completed application packet for the Spirit of Youth Scholarship for Junior Members.
2. The following four letters of recommendation are required:
 - a. One letter, from either the principal or guidance counselor of the school from which the applicant will graduate, that includes size of class; student's position in the class; and the cumulative grade point average.
 - b. One letter from a clergyman/clergywoman of the applicant's choice.
 - c. Two letters from adult citizens — other than relatives — attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. An original essay consisting of no more than 1,000 words (typed, double-spaced). The title of the essay will be **"The American Legion Auxiliary has been in existence for 100 years; what can and/or needs to be done to bring the organization successfully into the second hundred years?"**
4. A certified transcript or photocopy of the certified transcript of the applicant's high school grades.
5. A copy of ACT or SAT test scores.
6. A copy of the FAFSA (Free Application for Federal Student Aid) form, or a copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid Report (SAR).
7. Please attach all required materials to this application and submit everything as one document, to the president of the American Legion Auxiliary unit in which your membership is recorded, **NO LATER THAN MARCH 1, 2020.**



AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION

THIS PORTION TO BE COMPLETED BY THE SUBMITTING UNIT

(PLEASE TYPE OR PRINT)

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	30%
Essay/Application	30%
Academic Achievement	40%
2. No unit may enter more than one candidate in the department competition.
3. The selected entry for each unit shall be certified by the American Legion Auxiliary unit president and unit secretary or unit Education chairman
4. The selected entry for each Unit should be forwarded to the department secretary for competition at the state level to be received **ON OR BEFORE MARCH 15, 2020.**
5. Participation in this scholarship program shall be on a voluntary basis in all units.

Unit Name and Number _____

Address _____

City, State, ZIP _____

Signature of Unit President

*Signature of Unit Secretary or
Unit Education Chairman*



AMERICAN LEGION AUXILIARY
SPIRIT OF YOUTH SCHOLARSHIP FOR JUNIOR
MEMBERS 2020 APPLICATION

THIS PORTION TO BE COMPLETED BY THE DEPARTMENT (STATE)

(PLEASE TYPE OR PRINT)

EACH DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Character/Leadership	30%
Essay/Application	30%
Academic Achievement	40%

2. Each department is restricted to submitting one candidate to the division competition.

3. The selected entry for each department shall be certified by the American Legion Auxiliary department president and the department secretary or department Education Chairman.

4. The selected entry for each department shall be forwarded to the respective division Education Chairman for competition at the national level to be received **ON OR BEFORE APRIL 1, 2020.** Contact information for the division Education Chairmen is located in the Education Annual Supplement to the Programs Action Plan, located on the education program page in the Members Only section at www.ALforVeterans.org.

5. Participation in this scholarship program shall be on a voluntary basis in all departments.

DEPARTMENT _____ DIVISION _____

Signature of Department President

*Signature of Department Secretary or
Department Education Chairman*

The division Education Chairman and two qualified judges shall make the final decision on the winner. The division Education Chairman shall certify the name of the winner and send the complete application packet to the National Education Chairman **on or before April 15, 2020.** The National Education Chairman shall certify the names of the winners from each division to National Headquarters.



AMERICAN LEGION AUXILIARY JUNIOR MEMBER LOYALTY SCHOLARSHIP 2020 APPLICATION

Ten scholarships, in the amount of \$2,500 each, will be awarded to a current college student for 2020. Two scholarships will be awarded in each division of the American Legion Auxiliary. The scholarship is a grant; not a loan.

RULES

1. Candidates for this award shall have been Junior members of the American Legion Auxiliary, held membership in the American Legion Auxiliary for the past three consecutive years (2017, 2018 and 2019) and must be a paid member for the current (2020) membership year. Applicant must continue her membership in the American Legion Auxiliary during the scholarship period.*
2. This scholarship is intended for the traditional student with no interruption in her education, who is at least in her first semester of college or technical school but not yet attained a bachelor's degree. Any member who is non-traditional student (a student returning to the classroom after some time away from college) is welcome to apply for the American Legion Auxiliary Non-Traditional Scholarship.
3. This is a scholarship to attend an accredited institution of higher education. Applicants must have completed at least one semester with grades which meet continuation requirements at the institution of their choice. Applicants must have at least a 3.0 GPA using a 4.0 base.
4. Applicants must present the completed application, along with the other required materials specified on the following page, to the **President of their American Legion Auxiliary Unit ON OR BEFORE MARCH 1, 2020.**
5. Judging, at all levels, shall be on the following basis:

Leadership, Character and ALA Participation (as presented in applicant's essay)	50%
Academic Achievement	25%
Completed Application	25%

THE DECISION OF THE JUDGES SHALL BE FINAL.

6. The first half of the award (\$1,250) will be paid directly to the school for the first semester upon notification from the school that the student has re-enrolled. ***American Legion Auxiliary National Headquarters must receive certification of enrollment within 12 months of a winner's notification, or the scholarship will be forfeited.*** There shall be no money paid to the school for the ensuing semester until notification of re-enrollment has been received from the school. Notification from the school must include verification of at least a B (3.0 on a 4.0 scale) average. If the winner discontinues her education or membership in the American Legion Auxiliary before all scholarship funds have been dispersed, the balance of the scholarship will be forfeited. The winner will have four years from the date of notification of scholarship to use the scholarship funds.

**Scholarship period is defined as the time from which scholarship is awarded until funds are fully dispersed or the scholarship expires, whichever comes first.*



**AMERICAN LEGION AUXILIARY
JUNIOR MEMBER LOYALTY
SCHOLARSHIP 2020 APPLICATION**

Name of Applicant: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Birth: _____ Email: _____

Home Phone: _____ Mobile: _____

Name of father, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Name of mother, or guardian: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Birth _____ Membership # _____

Date Applicant Joined the American Legion Auxiliary _____

Name of veteran through whom applicant is eligible for membership in American Legion Auxiliary:

_____ Relationship to Veteran _____

On a separate page that must be attached to this application, please answer the following question, in 1,000 words or less.

How did your membership as a Junior in the American Legion Auxiliary contribute to your leadership skills and educational success as a senior member?

Print or Type Full Name

Signature of Applicant



**AMERICAN LEGION AUXILIARY
JUNIOR MEMBER LOYALTY SCHOLARSHIP
2020 APPLICATION**

APPLICATION PACKET REQUIREMENTS

1. Completed application packet for the Junior Member Loyalty Scholarship.
2. A copy of the applicant's college transcript.
3. A copy of the FAFSA (Free Application for Federal Student Aid) form, or a copy of the FAFSA Summary Report and Confirmation Page, or the FAFSA Student Aid Report (SAR).
4. Completed essay "How did your membership as a Junior in the American Legion Auxiliary contribute to your leadership skills and educational success as a senior member?"
5. Please be sure to attach any required materials to this application and submit it, as one document, to the President of the American Legion Auxiliary Unit in which your membership is recorded **NO LATER THAN MARCH 1, 2020.**



**AMERICAN LEGION AUXILIARY JUNIOR
MEMBER LOYALTY SCHOLARSHIP
2020 APPLICATION**

**THIS PORTION TO BE COMPLETED BY THE SPONSORING UNIT
(PLEASE TYPE OR PRINT)**

EACH UNIT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:
Leadership, Character and ALA Participation
(as presented in applicant's essay) 50%
Academic Achievement 25%
Completed Application 25%
2. No unit may enter more than one candidate in the department competition.
3. The selected entry for each unit shall be certified by the American Legion Auxiliary unit president and unit secretary or unit Education chairman
4. The selected entry for each Unit should be forwarded to the department secretary for competition at the state level to be received **ON OR BEFORE MARCH 15, 2020.**
5. Participation in this scholarship program shall be on a voluntary basis in all units.

Unit Name and Number _____

Address _____

City, State, ZIP _____

Signature of Unit President

*Signature of Unit Secretary or
Unit Education Chairman*



**AMERICAN LEGION AUXILIARY JUNIOR
MEMBER LOYALTY SCHOLARSHIP
2020 APPLICATION**

**THIS PORTION TO BE COMPLETED BY THE DEPARTMENT (STATE)
(PLEASE TYPE OR PRINT)**

EACH DEPARTMENT WILL BE RESPONSIBLE FOR VERIFYING ALL NECESSARY INFORMATION IN THE APPLICANT'S PACKET.

1. Judging, at all levels, shall be on the following basis:

Leadership, Character and ALA Participation (as presented in applicant's essay)	50%
Academic Achievement	25%
Completed Application	25%
2. Each department is restricted to submitting one candidate to the division competition.
3. The winning entry for each department shall be certified by the American Legion Auxiliary department president and the department secretary or department Education chairman, and forwarded to the respective division Education chairman so it's received **ON OR BEFORE APRIL 1, 2020.**
4. Participation in this scholarship program shall be on a voluntary basis in all Departments.

DEPARTMENT _____ DIVISION _____

Signature of Department President

*Signature of Department Secretary or
Department Education Chairman*

The Division Education Chairman and two qualified judges shall make the final decision on the winner. Division Education Chairman shall certify the name of the winner and send the complete application packet to the National Education Chairman **on or before April 15, 2020.** The National Education Chairman shall certify the names of the winner to National Headquarters.

Junior Activities Year End Report-DUE MAY 8, 2020

Please send to: Karen Degreenia 3745 Calendar Brook Rd. Sutton, VT

Email to: 8familyFirst2na

Did unit encourage juniors to participate in Auxiliary, Legion and SAL events?

We're juniors allowed to attend unit meetings?

YES. NO. If yes, did they participate (lead Pledge of Allegiance, Do a presentation)?

Did juniors enter the ALA Americanism Essay?

Did Jrs. participate in Patriotic Events?

Memorial Day Parade or BBQ. YES. NO

4th of July. YES. NO

911 Remembrance. YES. NO

Auxiliary 100th Birthday YES. NO

Veterans Day. YES. NO

Other

Did juniors attend a department Gift Shop?

VA Hospital. YES. NO

VT Veterans Home. YES. NO

Did juniors visit veterans at a local nursing home or in their own homes?

Did any of your juniors hold an honorary office on the unit or department

level? Did your unit have an installed junior unit?

Did juniors attend/participate in department junior events (Duck Race, District Workshop, Junior Workshop, Junior Convention)?

Did your unit send juniors to any national mission trainings?

Did juniors make and send cards to active military?

Did juniors participate in a packing event for active military?

Did juniors do activities that fall under the requirements for the Jennifer Tedesco Centennial Musical Award?

Did you American Legion Family hold a special event for junior members? (Halloween Party, Dance, Christmas Party, etc.)

Please describe how juniors have made a difference in you unit and the lives of veterans. (You may attach a separate sheet if needed)

LEADERSHIP YEAR END REPORT

2019-2020

Reports due by May 1st 2020

Please return completed report to: Danielle Many 457 Little Chicago Road, Ferrisburgh VT 05446

Any questions feel free to contact me at Daniellemanv3@gmail.com or cell #(802)989-1816

Unit Name and Number: _____

Unit Leadership Chairman: _____

Address: _____

Telephone: _____ Email: _____

Please answer all questions: Use additional paper as needed and attach.

1. Did any of your unit members attend the National Leadership Conference this year? _____
2. Did any of your unit members attend Fall Conference in Barre, VT? _____ How Many?
3. Did any of your unit members attend the District Workshop(s)? _____
4. Did your unit hold a workshop for your members? _____ If yes, please write a paragraph or two describing the workshop and number of members in attendance.
5. How many of your unit members completed the ALA Academy courses on the National alaforveterans.org website? # _____ members.
Have these members received a completion card if interested? _____
6. How many of your junior unit members completed the ALA Academy courses? _____
7. Did your unit do a presentation on the History of the American Legion Auxiliary? _____
8. Did your unit do a presentation on the Mission of the American Legion Auxiliary? _____
9. Did your unit do a presentation on any material covered in the ALA Academy courses? _____
If so, please elaborate; _____

10. Does your unit have a New Member packet? _____ If so, what does it include?
11. Does your unit perform an initiation ceremony for new members? _____
12. Does your unit have a copy of the following current documents available at all Unit meetings?
Unit Guide Book, newly revised? _____ Roberts Rules of Order, newly revised? _____
Nationals Constitution & By-Laws? _____ VT Dept Const & By-Laws? _____ Unit Const & By-Laws? _____
13. Does your Unit receive the Dispatch?
14. Is the Department Leadership Bulletin message read at all of your unit meetings? _____
15. Does your unit encourage all members to subscribe to the National eNews and eBulletin? _____
16. Does your unit encourage all members to access the Department Bulletins available online?
17. Does your unit do a presentation on the Mentoring program? _____ If so, please elaborate; _____

18. FINAL YEAR! Please write a paragraph or two describing what strategies were implemented this past year completing your Unit's 5-year Centennial Strategic Plan.

PLEASE APPLY FOR THE VERNA DUPREY LEADERSHIP AWARD, TO BE AWARDED TO THE UNIT WITH THE MOST OUTSTANDING LEADERSHIP PROGRAM.

Rules:

1. Unit shall have read the Department Leadership bulletin message at the meetings.
2. Unit shall have:
 - a. Held a leadership workshop, OR
 - b. Had some members in attendance at the leadership workshop offered by the current leadership department chairman.
3. A few words describing how the Leadership program was performed in the Unit carrying out the program shall accompany this YEAR END REPORT.
- 4.

Please consider applying for a National Unit Leadership Award. This can be found on the National Website, alaforveterans.org under the Leadership Plan of Action.

2019-2020 LEGISLATIVE REPORT

Reports due by: May 6,2020

Mail to: Megan Harris 5 Pleasant St. Apt.A Bristol, VT 05443 / mooharris@gmail.com

1. Unit Name and Number:

2. Unit Chairman, address and phone#:

3. How many times did members contact (phone calls, e-mails, letters, faxes, visits, etc.) Their elected officials about Legislative priorities of the American Legion?

U.S. Representatives Yes, _____ No, _____ U.S. Senators Yes, _____ No, _____

State Officials Yes, _____ No, _____ Local Officials Yes _____ No, _____

If Yes, please provide details and specific topics/priorities on a separate sheet of paper.

4. What Legislative activities (town hall meetings, legislative receptions, etc.) did members attend in their communities? Please explain on a separate sheet of paper.

5. How did members develop relationships with their elected officials? Please explain on a separate sheet of paper.

6. Did your Unit apply for the Candy Huseman Legislative Trophy? Yes, _____ No,

7. Did your Unit host any special programs promoting Legislative activities for the good of the Community, State, Nation? Yes, _____ No, _____ please explain on a separate sheet of paper.

8. Please list any other items of a Legislative nature that your Unit has participated in or undertaken such as assisting at the polls, getting out to vote, etc. on a separate sheet of paper.

9. Did your Unit refer to The American Legion online, "THE DISPATCH"? Yes, No, If so, how many copies _____ Was it passed around at Unit meetings? Yes, No, _____

10. Did your Unit take any action on any of the news items noted in "THE DISPATCH"? Yes, _____ No, _____ if yes, describe on a separate sheet of paper.

2019 — 2020 YEAR-END MEMBERSHIP REPORT

Mail to: Deb Tiernan

198 The Hill

Proctorsville, Vermont 05153

NO LATER THAN MAY 6, 2020

Unit Name and Number: _____

Unit Membership Chairman: _____

Address, phone, and email: _____

Unit Membership Total: _____ Seniors _____ Juniors _____ PUFL _____

New Members: Female: _____ Male: _____ Juniors: _____

How does your Unit welcome new members? _____

Did your Unit reach 100% for 2019-2020? _____ If not, what %? _____

Did your total membership increase from 2018 — 2019? If so, by how many? _____

How does your Unit contact members for renewal? _____

Does your Unit contact members from the "Rejoin" list? _____. If yes, how? _____

If no, why not? _____

Is your Unit connected to ALAMIS? _____ If no, why not? _____

Does your Unit hand out Membership Benefits brochure? _____

Does your Unit Membership Chairman receive the monthly Department Bulletin? _____

Was the bulletin helpful or informative? _____ Any suggestions, questions or criticisms to make bulletin message better? _____

Did your Unit or a member qualify for any National President's Achievement Award, Unit Membership Award, or Silver Brigade Award? _____

National Security Year-End Report

Due May 6, 2020

Mall to Kelly Donaldson

32 Fourth St. Fairhaven, VT 05743

Unit Name and Number; _____

Please attach a separate sheet if more space is needed.

1. Did your unit adopt a military unit? Did your unit adopt an active duty family? _____ Did your unit adopt a National Guard/Reserve family? _____ Did your unit supply comfort items _____ Hours spent? _____ Dollars spent? _____ Number of individuals/families served? _____ Describe your activities: _____

2. Did your unit assemble or send care packages to service members? Family member support packages? _____ Attend welcome-home events, providing refreshments or activities? _____ Hours spent? _____ Dollars spent? _____ Number sent? _____ Describe your activities: _____

3. Did your unit host a job fair? _____ Did your unit collect items for wounded warriors and their families? _____ Did your unit refer families to the VA office? _____ Did your unit network to find families who have active duty military? _____ Hours spent? _____ Dollars spent? _____ Number of individuals/families served? _____ Describe your activities; _____

4. Did your members of your unit complete a Community Emergency Response Training? _____ Did your unit host such training? _____ Hours spent? _____ Dollars spent? _____ Number of individuals/families served? _____ Describe your activities? _____

5. Did your unit present Gold/Blue Star Banners to individuals & families? How many? _____ Hours spent? _____ Dollars spent? _____ Number of individuals/families served? _____ Describe your activities: _____

6. Did your unit display a POW/MIA empty chair at all official meetings and events? _____ Describe other things your unit did relating to POW/MIA's _____

PAST PRESIDENT PARLEY

YEAR END REPORT 2019 - 2020

Did your unit remit dues for past unit, department or national presidents? Y N

Do your unit's past presidents meet regularly? Y N

Did your unit's past presidents assist and mentor your members and officers during the year? Y N

Does your unit honor it's past presidents annually? Y N
If yes, how? _____

Did your unit circulate the PPP Nursing Scholarship Application? Y N

Did your unit have an applicant for the PPP Nursing Scholarship to submit for consideration? Y N

Did your unit nominate a member for the Unit Member of the Year Award? Y N

Did your unit nominate an active duty female for the national Salute to Servicewoman Award? Y N

What did your unit do for female veterans in your community? {Attach separate sheet if necessary}

Submitted by Unit Chair _____

Unit Name and Number _____

Please respond by May 8, 2020 to:

**Karen Degreenia
Past President Parley Chair - Dept. of
VT 3745 Calendar Brook Road
Sutton, VT 05867**

OR

[8familvFirst2\(a_qmail.com\)](mailto:8familvFirst2@a_qmail.com)

Unit Member of the Year Nomination Form

Unit Member of the Year: To recognize the contributions made by a valued Unit member. Select one member from your Unit to compete for Department recognition.

Rules for Unit Member of the Year Nomination:

1. Only senior members in good standing are eligible.
2. Current membership dues must be paid.
3. The member cannot have obtained an elected or appointed leadership role higher than Unit President.
4. Selection is based on accomplishments, activities, etc. for the current administrative year.
5. Years of membership are not a part of the criteria; the nominee may be a new member.
6. Each Unit may submit only one entry.
7. The Unit must submit a narrative of 1,000 words or less describing the Nominee's accomplishments and activities together with the nominee's name and address. The Unit President and Secretary must sign the entry form unless the nominee is one of them, in which case a Past Unit President must sign the entry form.
8. All entries must be post-marked by May 1 and sent to the current year Past President's Parley Department Chairman. Judging will be done by three Past Department Presidents.

Unit Member of the Year Nomination Form

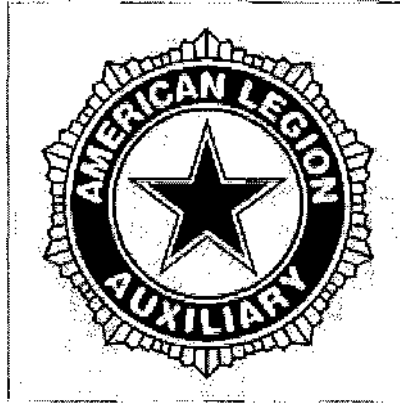
Unit submitting Nominee: _____

Name and address of Unit member being submitted:

A 1,000-word narrative must accompany the Nomination Form.

All nominations must be received by Past Department President

Karen Degreenia
3745 Calendar Brook Rd. Sutton, VT
05867 [8familyfirst2a.g mail.com](mailto:8familyfirst2a@gmail.com)



AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY NURSES SCHOLARSHIP
2019-2020

The Past Presidents Parley, consisting of Past Unit Presidents of The American Legion Auxiliary, Department of Vermont, annually awards a \$1,000.00 scholarship to a descendent of a Veteran who is entering the nursing profession. Applicants must be entering the nursing field (RN or LPN) to be eligible. The scholarship is awarded to a high school senior who is a son, daughter, grandson, granddaughter, great grandson, great granddaughter, or adopted child of a Veteran.

The American Legion Auxiliary is a worldwide patriotic organization whose mission is to support The American Legion and to honor the sacrifice of those who serve by enhancing the lives of our Veterans, military, and their families, both at home and abroad. We advocate for Veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

For the 2019-2020 year one \$1,000.00 scholarship will be awarded.

Please return your completed application by May 6, 2020 to the address below:

Department Chairman: Karen Degreenia (PDP)

Department Chairman Address: 3745 Calendar Brook Road Sutton, VT 05867

(802) 535-5563 8familyfirst2@gmail.com



AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY NURSES SCHOLARSHIP
2019-2020

Applicants must be entering the nursing field (RN or LPN) to be eligible. The scholarship is awarded to a high school senior who is a son, daughter, grandson, granddaughter, great grandson, great granddaughter, or adopted child of a Veteran.

Completed applications must be submitted to the local Unit President of the American Legion Auxiliary in the community which the applicant resides. Applications must be in the hands of the local Unit President by April

6,2020

SCHOLARSHIP AMOUNT: \$1,000.00

1. Name: _____

2. Address: _____

3 . P h o n e n u m b e r : _____

4 . D a t e o f B i r t h : _____

5. Name of parent, grandparent, or great grandparent, or adoptive parent by which applicant is eligible:

6. Relationship: _____

7. Living: Yes 8. No _____(If deceased, date of death)

9. Give a brief statement of military service of the Veteran through whom the applicant is eligible. Service can be during WWI, WWII, and all wars thereafter. (attach sheet if necessary)

10. Number of dependent children in the family under the age of 18.

11. Occupation of Father or Steppather: Annual

income: _____

12. Occupation of Mother or Steppmother:

Annual income: _____

13. Date expected to graduate from high school:

14. Name & address of high school currently attending:

14. Name of college or university which applicant desires to attend & course plan to pursue: (attach sheet if necessary)

15. Have you applied for and been accepted to a college or university? _____

If so, name of college or university: _____

16. After completing your education, would you be interested in working with disabled Veterans or disabled children?

Please submit with this application a letter from your principal or guidance counselor regarding character, Americanism ideals and scholastic ability.

Make sure this application is FULLY COMPLETED. All questions must be answered. If not complete, application will be disqualified.

Applicant signature: _____

Signature of Unit Education Chairman: _____

Signature of Unit President: _____

Unit name & number: _____

**PUBLIC RELATIONS YEAREND REPORT
2019-2020**

Report due: MAY 6, 2020

Mail to: Melodie Ashford 63 Partridge Lane Danville, VT 05828 melodielynn@gmail.com (802)461-5346

Unit Name _____

Chairman: _____

Address: _____

MEDIA	
Number of interviews with reporters?	
Do you have an updated and active media contact list?	
Number of articles published	
Number of letters to Editors	
Number of letters of appreciation sent	
Number of print advertisements	
Number of PR print media used. (i.e. church bulletins — please list various forms used on back)	
Number of radio/TV programs/interviews/event coverage?	
Number of program announcements. Explain on back	
Number of public service announcements. Explain on back	
Did you send a Mid-Year report to this Department chairman?	
Did you complete a press book for competition?	

Do you have a Unit publication? Do you share it with the Legion?

Type of publication: NEWSLETTER _____ NEWSPAPER _____ BULLETIN _____

Does your Unit have a Web site? How many hits per month? ____

Unit Web site name _____ Created since January 2016? _

Number of gift subscriptions to National News _____

Number National News shared ____ Where given or placed? (Explain on back)

Do you have a subscription to the Department Bulletin? _____

If not, are you given a copy of the message monthly by your Unit President?

If you answer NO, how do you get your information? _____

VA&R Year End Report
Due to me by May 6^m 2020
Janet Osmer 65 State Street.
Building F Apt 404
Windsor, VT 05089
JMOHJOLUV@comcast.net

Name and number of Unit _____
Your name _____
Address _____
Phone number _____ E-Mail _____

1. Do Juniors help at any Auxiliary functions yes no_ number miles _____
Vets _____
2. Visit during Salute to Veteran Week Yes No Miles ___ Vets
Juniors Yes_ No_ How many _____ Adult Yes_ No how
many _____ Dollars spent if you or unit bought _____
4. Did your unit help with Creative Arts Yes No_ Number Miles ___
Juniors Yes_ No_ number ___ Vets
Dollar amount for food, items etc _____
5. Did unit help with Tree of Warmth Yes No ___ Number ___ Miles ___
6. Help with any Recreation Therapy with in the VA Yes No_ Miles ___
Money _____
7. Did this Chairman come and speak to your Unit Yes_
No Donations:
Canteen books Yes NO _____ \$\$ _____
Afghans yes No \$\$ Amt _____
Ditty Bag Items Yes No_ \$\$ amt. _____ Miles _____
Neck Pillows Yes ___ No ___ Hrs ___ \$\$ amt ___ miles _____
Quilts Yes No _____ Hrs ___ \$\$ amount _____ miles _____
Hygiene Items Yes No \$\$ amt _____ miles _____ Hrs ___
Baby Items (shower) Yes ___ No \$\$ amt. _____ Hrs Miles _____
New clothes items Yes _____ No \$\$ amt ___ Hrs Miles
Vermont American Legion Family Emergency Fund Yes_ No \$\$ _____
Therapy cats at the VA Yes_ NO \$\$\$ _____

Any other donations not listed _____
In kind donations out of your members pocket _____

Remember Miles now count, hours, money, and a short note on what your unit did

Department of Vermont American Auxiliary

Service to Veterans

Send yearend report to Suzanne Auger PO Box 39, Ludlow Vt 05149 or sauger58@comcast.net

Unit Name and Number _____

Unit Chairwoman _____

Address _____

Phone: _____ Email: _____

Did your Unit or members participate in helping a Veteran with (Reading, Doctor apt, Computer training, Giving Rides, Cooking, Sewing, Snow removal, Yard work)

No _____ Yes, please explain _____

Hours _____ Mileage _____ Personal money spent \$ _____

Did your Unit or Members Participate in Visiting a Veteran at (Hospital except VA, Nursing Home, Vermont Veterans Home Bennington, Dodge House, Mission in Rutland, C Boxes, Veterans Home Northfield)

No _____ Yes Please explain _____

Hours _____ Mileage _____ Personal money spent \$ _____

Did your Unit or Members assist any Veterans with any Legion Function

No _____ Yes please explain _____

Hours _____ Mileage _____ Personal Money Spent \$ _____

If your unit would like to qualify for an award for VA &R, Service to Veterans or Rehabilitation, you must combine all three chairmanship into one narrative.

ALA of Vermont Rehabilitation Year End Report

Did your unit members participate in Christmas gift giving shops? Yes _____ No _____

Vermont Veterans Home in Bennington Hours _____ Dollars _____

Veterans Affairs Hospital White River Junction Hours _____ Dollars _____

Did your unit contribute to gift giving shops via department contributions? Yes _____ No _____

Did your unit help adaptive sports program for Vermont veterans? Hours _____ Dollars _____ or N/A

Was your unit involved in a stand down for Vermont veterans? Hours _____ Dollars _____ or N/A

Did your unit purchase therapy cats/dogs for veterans in Vermont? Yes _____ Dollars _____ No _____

Did your unit members participate in a community event for homeless? Hours _____ Dollars _____ or N/A

Did your unit make or purchase poppies? Yes _____ No _____ Does your unit use poppy donations to support veteran rehabilitation? Yes _____ No _____

Did your members subscribe/like to the National VA & R committee Facebook page? Yes _____ No _____

Is your unit applying for the following awards or trophy?

Barbara H Trepanier Leadership & Presidents Veterans Project? A short narrative pertaining to a project contribution directed at care or consideration to a veteran. Yes _____ No _____

Elaine MacKenzie Veterans & Military Support Plaque; a point system that includes VA & R, plus a short narrative of your unit members activities. Yes _____ No _____

Mabel Pearson Trophy; a narrative of unit members activities pertaining to VA & R. If you answered yes to any questions above, consider sharing the details. Yes _____ No _____

Deb Tiernan Award for "Service Not Self", a short report describing who, what and why we matter. If your unit members answered yes to questions above considering sharing the story. Yes _____ No _____

Dept of Vermont Award; covers VA & R, Rehab. & Service to Veterans (participation in all three).

Kindly mail or email your unit report and pictures to Judy Cenate, Rehab Chair

869 Pleasant Valley Road, Rockingham, VT 05101

valview@comcast.net

Te1:802-289-9025