

UNIT EDUCATION CHAIRMAN

(Revised 2017)

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

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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!

American Legion Auxiliary

Non-traditional Award

Application

(revised 2017)

One award will be given in the amount of \$1000. This is an award and not to be repaid.

RULES

1. Applicants must be a member of the American Legion Family. You need to have paid their dues for the two previous years and the present year in which they are applying.
2. Applicants must be a non-traditional student. This means either returning to a higher education degree after a break of time in which your formal education was interrupted or is the beginning your higher education at a later point in life.
3. Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15th.

Unit Chairman: _____

Unit Address: _____

4. The award will be paid directly to the student at the beginning of the second semester. (Second semester class registration with a transcript of first semester grades will need to be sent to the American Legion Auxiliary Department of Vermont Headquarters before payment is made.)

Department Headquarters Address:

American Legion Auxiliary — Education
Award PO Box 192
Montpelier, VT 05601

**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 _____

LIST SUPPORT OR INCOME FROM ANY OTHER SOURCES (attach additional sheets if needed) _____

DESCRIBE ANY CIRCUMSTANCES THAT MAY AFFECT YOU OR YOUR FAMILY'S ABILITY TO PROVIDE FOR YOUR COLLEGE EDUCATION (attach additional sheets if needed) _____

CHARACTER/LEADERSHIP

DESCRIBE ANY COMMUNITY SERVICE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING HIGH SCHOOL, COLLEGE OR EMPLOYMENT (attach additional sheets if needed) _____

LIST OFFICES HELD OR AWARDS RECEIVED (attach additional sheets if needed) _____

INITIATIVE/GOALS

WHAT MAJOR DO YOU PLAN TO PURSUE WHEN YOU ENTER COLLEGE? _____

WHAT COLLEGE OR UNIVERSITY DO YOU PLAN TO ATTEND? _____

WHY DID YOU SELECT THIS SCHOOL? _____

WHO OR WHAT INSPIRED YOU TO SEEK A COLLEGE DEGREE? (attach additional sheets if needed) _____

SIGN _____ DATE _____
