

## UNIT EDUCATION CHAIRMAN

(Revised 2017)

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 student's 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 2017)**

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

Unit Chairman: \_\_\_\_\_

Unit Address: \_\_\_\_\_

\_\_\_\_\_  
Unit President Signature/Date

\_\_\_\_\_  
Unit Chairman Signature/Date

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Attach this form to the application when you forward 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.