

AMERICAN LEGION AUXILIARY  
DEPARTMENT OF VERMONT AWARD  
UNIT EDUCATION CHAIRMAN  
(REVISED FEBRUARY 2021)  
AWARD AMOUNT: \$1,000  
THIS IS AN AWARD AND DOES NOT NEED TO BE REPAID

CRITERIA:

1. Participation in this scholarship program is on a voluntary basis within all Units.
2. The Unit may submit only one application to Department.
3. Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15<sup>TH</sup>.
4. The winning entry for each Unit shall be certified by the American Legion Auxiliary Department President and mailed to the Department Education Chairperson by May 16<sup>TH</sup>.
5. Judging at all levels shall be based on the following criteria:
  - A. Character & Leadership                      20 points
  - B. Application                                      20 points
  - C. Financial Need                                 20 points
  - D. Scholarship                                     40 points

REQUIREMENTS:

1. Completed application packet for Department Award.
2. The following three (3) letters of recommendation:
  - A. One letter from the applicant's high school from either the Principal or Guidance Counselor to include the class size, the applicant's position in the class, and their cumulative grade point average.
  - B. Two (2) letters from adults, other than relatives, attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. A certified transcript or a photocopy of the applicant's grades.
4. A copy of SAT or ACT scores.
5. A copy of the FAFSA OR SAR (report generated from submitting the FAFSA).



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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_

NAME OF FATHER, STEPFATHER, ADOPTIVE FATHER OR GUARDIAN:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

IF VETERAN, DATE OF MILITARY SERVICE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

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

NAME OF MOTHER, STEPMOTHER, ADOPTIVE MOTHER OR GUARDIAN:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

IF VETERAN, DATE OF MILITARY SERVICE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

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

NUMBER OF DEPENDENTS: \_\_\_\_\_

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

DOES ANYONE AT HOME REQUIRE CONSTANT MEDICAL CARE?: \_\_\_\_\_

ARE YOU ELIGIBLE FOR BENEFITS UNDER SURVIORS AND DEPENDENTS EDUCATION?: \_\_\_\_\_

DATE EXPECTED TO GRADUATE FROM HIGH SCHOOL: \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDING: \_\_\_\_\_

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

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WHAT MAJOR ARE YOU PURSUING AND WHY?: (if needed, attach additional sheets)

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

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SIGNATURE

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DATE



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**Attach this form to the application when forwarding it to Department.**

UNIT EDUCATION CHAIRPERSON: \_\_\_\_\_  
\_\_\_\_\_

UNIT NAME & #: \_\_\_\_\_  
DATE UNIT RECEIVED APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
UNIT PRESIDENT SIGNATURE

\_\_\_\_\_  
UNIT EDUCATION CHAIR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**DO NOT INCLUDE THIS FORM WITH THE APPLICATION! THESE  
ARE UNIT INSTRUCTIONS ONLY!**

**EACH UNIT AND DEPARTMENT ARE RESPONSIBLE FOR  
VERIFYING ALL NECESSARY INFORMATION  
IN THE APPLICANT'S PACKET.**