

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 15TH.
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 16TH.
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 OF PARENTS: _____

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)

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

*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)

SIGNATURE

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.**