

AMERICAN LEGION AUXILIARY SCHOLARSHIP

This scholarship is in the amount of \$1000 and has been established to enable any senior who resides in the towns of Ludlow, Cavendish, or Mt. Holly, Vermont or is home-schooled in those towns is eligible to apply. Applications are available at the Black River Charter School, Green Mountain Union High School and Mill River High School and are due in the Guidance Office of your school by April 30.

1. This scholarship will be one (1) in number and shall be in the amount of 1000.
2. The amount shall be payable at the end of the first semester. A copy of a first semester grade report and proof of enrollment in the second semester must be provided.
3. An alternate candidate will be chosen but not announced unless the original recipient is not accepted at an accredited school.
4. The recipient must enroll within 2 years of receiving this scholarship.
5. The recipient shall forfeit the scholarship and notify the American Legion Auxiliary in writing if he or she changes their plans and does not continue his or her education.

QUALIFICATIONS

1. Financial need
2. Scholastic ability
3. Good moral character
4. Initiative and potential leadership qualities
5. This scholarship was originally created for candidates in the Health Field so these candidates will be given first consideration.

GUIDELINES

1. Applicant must complete an American Legion Auxiliary Unit #36 application.
2. This scholarship will be presented annually in the form of a certificate at a graduation or awards ceremony.

SCHOLARSHIP AWARD APPLICATION

The purpose of this application form is to render to the Scholarship Committees, in confidence, a general analysis of the personal characteristics, scholastic achievement, and financial need of each applicant. Please attach a resume and two (2) letters of recommendation to this application stating work experience, extracurricular activities, community service and any awards you received during your high school career.

Student's Name: _____

Address: _____

Town of Residence & Zip: _____

Home Telephone No: _____ Date of Birth: ____ / ____ / ____

Parent/Guardian full names: _____
(Please include a maiden name if applicable)

Number and ages of brothers & sisters: _____

COLLEGE PLANS:

My college major will be: _____
Please do not use "Undecided" - give an indication of your area of interest

My occupational goals: _____

Number of years to complete course of studies: _____

I plan to begin my college studies: Month _____ Year _____

Schools/Colleges applied to:

1st Choice: _____ 2nd Choice: _____

Others: _____

I have already been accepted to: _____

MILITARY SERVICE of parents, grandparents, etc. Please list person's name, relationship to you and military branch below:

NAME	RELATIONSHIP	BRANCH
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL DATA (FILLED OUT BY PARENT/GUARDIAN):

Name of parent/ guardian's work:

Parent 1: _____ Parent 2: _____

List any additional sources of income:

Parent 1: _____ Parent 2: _____

List dependents other than children or spouse:

Do you own or rent your home? _____

Do you presently have any other significant indebtedness?

Will you have any other children enrolled in schools of higher education for the upcoming academic year? ___ Yes ___ No

If yes, how many? _____ Name of school(s): _____

Total Yearly higher education cost (including tuition, room & board, books, etc.)
For your other children: _____.

FINANCIAL RESOURCES FOR THIS APPLICANT FOR FRESHMAN YEAR:

Contribution from Parents: \$ _____
Student's Savings \$ _____
Scholarships & Awards Offered by College Planning to Attend \$ _____
Other Sources \$ _____

TOTAL RESOURCES = \$ _____

Total Expected College Expenses \$ _____
Minus Total Resources (from above) - \$ _____
Approximate Financial Need = \$ _____

FINANCIAL ASSISTANCE APPLIED FOR BUT NOT YET SECURED:

List financial assistance applied for such as VSAC, PELL, Parent Employer Scholarships, etc.:

Name of Resource _____ Amount Applied for \$ _____

Name of Resource _____ Amount Applied for \$ _____

Name of Resource _____ Amount Applied for \$ _____

Name of Resource _____ Amount Applied for \$ _____

ADDITIONAL INFORMATION:

Please explain, if any, special family circumstances that the Committee should be aware of in order to better judge the financial needs of the applicant and final awarding of the scholarship: _____

