

PHYLLIS AGAN MEMORIAL SCHOLARSHIP

This scholarship is in memory of Phyllis Agan who was a Past President of the Ballard-Hobart American Legion Auxiliary Unit #36. This scholarship has been established for a high school senior or any adult who themselves or a relative is in good standing with the American Legion Family. Anyone within a twenty-five (25) mile radius of Ludlow is eligible to apply for this Legacy Scholarship regardless of age. This application is due for seniors April 30 in your Guidance Office and for adults, send application to American Legion Auxiliary #36, 135 Main Street, Ludlow, VT 05149.

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 by June 30 of the following year after your high school graduation.
3. An alternate candidate may be chosen but not announced unless the original recipient is not accepted at an accredited school.
4. The recipient shall forfeit the scholarship and notify the Ballard-Hobart American Legion Auxiliary Unit #36 in writing if he or she changes his or her plans and does not continue his or her education within the first year.

QUALIFICATIONS

1. Financial need
2. Scholastic ability
3. Good moral character
4. Initiative and potential leadership qualities

GUIDELINES

1. Applicant must complete an application.
2. This scholarship will be considered annually by this Auxiliary and if an award is to be given, it will be in the form of a certificate.

PHYLLIS AGAN AWARD APPLICATION

The purpose of this application form is to render to the Award 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 Recommendations 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):

Parent/ Guardian's employment:

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 there are any special family circumstances that the Committee should be aware of in order to better judge the financial needs of the applicant and the final awarding of the Phyllis Agan Award: _____

