



THE AMERICAN LEGION DEPARTMENT OF VERMONT

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SCHOLARSHIP APPLICATION

The American Legion – Department of Vermont is pleased and proud to offer this scholarship program to support Vermont high school students in their quest for higher education. Our program slogan is our goal: to support **“An Educational Opportunity for Every Qualified Student”** –

The Department of Vermont provides programs to support for high school students through the American Legion Family: Boys’ State, Girls’ State, Oratorical, and these Department scholarships. The men and women who make up the membership of our Department and local Posts continue to serve America and its citizens by providing access to deserving young men and women in their betterment of their lives through higher education.

Scholarship Awards

DEPARTMENT OF VERMONT SCHOLARSHIP - \$1,500

DEPARTMENT COMMANDER SCHOLARSHIP - \$1,000

DEPARTMENT SCHOLARSHIPS - TEN (10) @ \$500

Eligibility

Young men and women who attend a Vermont secondary school or Interstate school district serving Vermont students. Parents must be legal residents of the State of Vermont. Applicant must be a US Resident.

Application Process

Complete the application. Attach a copy of your high school transcript and two (2) letters of recommendation from members of the high school staff who have direct knowledge of your high school activities and achievements.

SEND THE COMPLETED APPLICATION AND REQUIRED INFORMATION TO:

The American Legion, Dept. of Vermont

Scholarship Committee

P O Box 396

Montpelier VT 05601-0396

Application Deadline

April 1

**THE AMERICAN LEGION – DEPARTMENT OF VERMONT
EDUCATION AND SCHOLARSHIP COMMITTEE**

SCHOLARSHIP APPLICATION

1. NAME/ADDRESS:

Last Name	First Name	Middle Initial
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Street

City/State/Zip

2. TEL. NO: _____ **3. DATE OF BIRTH:** _____

4. YEAR OF GRADUATION: _____

5. NAME AND ADDRESS OF HIGH SCHOOL NOW ATTENDING:

6. FAMILY & FINANCIAL INFORMATION:

Fathers Name: _____	Mothers Name: _____
Occupation: _____	Occupation: _____
Annual Gross Income: _____	Annual Gross Income: _____
# Brothers/Sisters: _____	# Currently Enrolled in College: _____

7. LIST SCHOOL ACTIVITIES, ATHLETICS, AND OFFICES:

8. LIST COMMUNITY ACTIVITIES & OFFICES IN WHICH YOU HAVE PARTICIPATED:

9. NAME & ADDRESS OF THE COLLEGE/UNIVERSITY YOU WILL BE ATTENDING IN THE FALL (IF KNOWN).

ANTICIPATED MAJOR: _____

10. PLEASE WRITE A PARAGRAPH ON WHY YOU WANT TO ATTEND THIS COLLEGE/ UNIVERSITY. (Use Separate Sheet)

Complete ALL sections of this application. Attach transcript and two letters of recommendation. ONLY fully completed applications will be considered. (Use additional sheets as necessary.)

SIGNATURE OF STUDENT: _____ DATE: _____