

American Legion Auxiliary, Green Mountain Unit #1 P.O. Box 63, St. Albans, VT 05478

Scholarship Application. Awarded to a High School Senior who is a son, daughter, grand or great grandchild or step child of a current or deceased member of American Legion Auxiliary Unit 1, the American Legion Post 1, or the Sons of the American Legion Squadron 1.

Must have been accepted for the second semester at an accredited University, College, or Vocational School. The check will be sent directly to the Institution upon receipt of this information from you, sent to the address above.

Scholarship Amount	^牧 _500.00	for 20 <u>2</u>	[3
Name of Applicant	DC)B Tel	#
Address		Email	
Name of American Legion member who makes you eligible			
Relationship of sponsor (member)			
Annual Household Incon	ne	Number in family	
High School attending Graduation Date This application is not based entirely on Academic GPA, also considers financial need of applicant.			
Please include at least two references. One should be from a current teacher.			
Name and address where you have been accepted			

**** Please mail application and references by April 15th to the above address – ATTN: President/Education Chair person