

HARMONSON REDD UNIT #63 AMERICAN LEGION AUXILIARY SCHOLARSHIP APPLICATION GUIDELINES

ELIGIBILITY

1. The applicant must be an average or above student scholastically who shall have graduated from a Norton County School System.
2. The applicant must be a female student.
3. Each applicant may receive scholarship once.
4. Only high school seniors, college level freshmen, sophomores, juniors or seniors who are enrolled or intend to enroll in an approved junior college, university or vocational school within the state of Kansas will be accepted.
5. Applicants for nursing scholarships are not eligible (contact the local American Legion Auxiliary President).
6. Applicant shall show relationship to veteran of any war.

TYPE OF SCHOLARSHIP

1. One \$600.00 grant.
 - A. One \$300.00 grant installment to be paid at the start of each semester, directly to the school. (one year only)
 - B. To be paid directly to the school at the beginning of the semester in which the student is enrolled.
 - C. Student must obtain at least a "C" average to be eligible for the second and final grant installment.

HOW TO APPLY

1. Applicant must complete the application form, including a statement giving the reason for applying, including financial need and college plans, together with any other pertinent data which might help the committee in making its selection. (Your statement may be typed on an additional sheet of paper.)
2. Applicant must furnish three letters of reference.
3. Applicant must furnish a high school transcript, also a college transcript if in college or advanced studies.
4. Send application, transcript and letters of reference by April 15th to:

Scholarship Chairperson
AMERICAN LEGION AUXILIARY
Harmonson Redd Unit #63
PO Box 1
Norton, Kansas 67654

HOW CHOSEN

1. One designated scholarship will be chosen by a three member committee, who are members of the American Legion Auxiliary, Harmonson Redd Unit #63. Recipients will be announced by May 15th.

**HARMONSON REDD UNIT #63
AMERICAN LEGION AUXILIARY
SCHOLARSHIP APPLICATION**

Name:

Date of Birth:

Address:

City/State/Zip:

Telephone:

Cell Phone:

High School Attended:

Year Graduated:

Number in Class:

Rank in Class:

Cumulative GPA:

Other Advanced Education:

Name of School you desire to attend:

Course of Study:

Name of Spouse, Parents or Guardians:

Occupation of Spouse, Parents or Guardians:

Eligibility - Veteran's name and relationship to you:

Please state why you are applying for this scholarship (use additional paper if needed):

Signature of Applicant

Date

Signature of Parent, Spouse or Guardian

Date