

**DR. KATE WALLER BARRETT SCHOLARSHIP REQUIREMENT  
AMERICAN LEGION AUXILIARY, DEPARTMENT OF VIRGINIA**

The American Legion Auxiliary, Department of Virginia, offers one (1) scholarship in the amount \$1,000 to a daughter or son of an American Legion Auxiliary Member.

1. Applicants for this scholarship must be in their senior year at an accredited High School, within the State of Virginia and must have grades which meet entrance requirements at the institution of her choice.
2. The recipient of this scholarship must be a full time student at an accredited college or university of higher learning. This scholarship is not authorized for on line courses or part time classes.
3. The following three (3) letters of recommendation are required:
  - a. One (1) letter from either the principal or Guidance Counselor from which the applicant will graduate; the letter should include the size of the class, the student's position in the class and the student's cumulative grade point average.
  - b. Two (2) letters from adult citizens, other than relatives, attesting to the applicant's character in regards to conduct, citizenship and leadership.
4. A transcript from your High School and a copy of ACT or SAT test scores must be included with the application.
5. An original article consisting of no more than 500 words (typed, double spaced). The title of the article/essay will be "Your Responsibilities as a Citizen of the United states.
6. The completed application packet shall be returned to the American Legion Auxiliary Unit President in the applicant's community by 1 April to be forwarded to the Department Education Chairman by 15 April.
7. No unit may not enter more than (1) application.
8. The scholarship shall be paid directly to the university or college upon written notification from the school that the student has registered.
9. The recipient of this scholarship, the unit submitting the winning application, the recipient's school, and the Department Secretary/Treasurer, will all be notified, in writing, by the Department Education Chairman NLT 1 May.

**DR. KATE WALLER BARRETT SCHOLARSHIP**  
**AMERICAN LEGION AUXILIARY**  
**DEPARTMENT OF VIRGINIA**

1. Name \_\_\_\_\_  
  **Last**  **First**  **Middle**

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Telephone \_\_\_\_\_ DOB \_\_\_\_\_

5. Name of Parent(s) or Legal Guardian through whom applicant is eligible for this scholarship. \_\_\_\_\_

6. Applying as an American Legion Auxiliary Member's child: Yes \_\_\_\_\_ No \_\_\_\_\_

    Unit Name & Number \_\_\_\_\_

7. Number of Children 18 or younger \_\_\_\_\_ # Over 18 years old \_\_\_\_\_

8. Occupation of Father \_\_\_\_\_ Salary \_\_\_\_\_

9. Occupation of Mother \_\_\_\_\_ Salary \_\_\_\_\_

10. Proposed date of graduation from High School \_\_\_\_\_

11. Name of College or University you plan to attend \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Printed Applicant's Name \_\_\_\_\_

Name and Number of Unit submitting the application \_\_\_\_\_

Signature of Unit President \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_