

American Legion Auxiliary
DEPARTMENT OF NEW YORK, INC.
112 State Street site 1310 Albany, New York 12207
(518)463-1162 / 800-421-6348 / Fax (518) 449-5406

RAYMOND T. WELLINGTON JR. MEMORIAL SCHOLARSHIP

A scholarship of \$1,000 shall be awarded to an eligible candidate planning to further his/her higher education. Upon notification of scholarship award, please notify The American Legion Auxiliary office to discuss payment options.

THIS SCHOLARSHIP MAY BE CONCURRENTLY WITH ANY OTHER SCHOLASHIP.

RULES

1. Candidates for this award shall be daughters, granddaughters, great-granddaughter, son, grandsons, or great grandsons of veterans who served in the Armed Forces during WWI, WWII, the Korean Conflict, Vietnam War, Grenada/Lebanon. Panama and the Persian Gulf.
2. Applicants must be United States citizen and a resident of New York State.
3. Applicants must be a senior or a graduate of an accredited High School.
4. Each Auxiliary Unit may submit ONE application by March 1, 2016, to the County Education Chairman. Units are responsible for verifying all necessary information submitted by the applicant. The County Education Chairman will forward all Unit entries that qualify to the Department Chairman on or before March 15, 2016.
5. Selection will be made on the following basis:

a. Character	15%	d. Community Involvement	15%
b. Leadership	15%	e. Financial	20%
c. Americanism	15%	f. Scholarship	20%
6. The Department Education Chairman will appoint a committee of impartial judges for final judging.

APPLICATION REQUIRMENTS

1. Completed application form.
2. A Certified copy or photocopy of applicant's high school grades.
3. Four (4) letters recommendation. One from the principal or guidance counselor of the school in which the applicant is enrolled; one from clergy of choice or other church affiliate; and two from representative citizens, other than relatives, attesting to the character, industry, Americanism, Leadership and Scholarship of applicant.
4. A statement of applicant's volunteer work.
5. Certification of acceptance and/or letter from the college stating date certification will be received from the school he/she plans to attend.
6. An autobiographical account written by the applicant, of not more than 700 words (typed) which includes his/her interests and experiences, long range plans and goals.
7. **Application must be signed by both applicant and the Unit President and Education Chairman of the sponsoring Unit. All applications must be returned to the sponsoring Unit no later than MARCH 1st, 2016.**



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF NEW YORK**

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Note: This application must be submitted to the sponsoring unit no later than March 1st 2016.

Name of Applicant Telephone

Street Address City State Zip Code

Name of Parent Address (if different from above)

Name of Veteran providing eligibility Relationship to Applicant

Branch of service of veteran Dates of Service

Names of Applicants High School Date of Graduation

Name of College Applicant plans to attend Course of Study

Street Address City State Zip Code

\$
Total Family Income Number of Dependents under 18 Number of Dependents over 18

Signature of Applicant Date

Signature of Unit President Signature of Unit Education Chairman

Unit Name and Number County District

THIS APPLICATION MAY BE REPRODUCED FOR ADDITIONAL COPIES