

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

1. Name \_\_\_\_\_  
Last First  
Middle Address Phone ( ) \_\_\_\_\_  
City State ZIP \_\_\_\_\_

2. Name and address of educational institution you plan to attend \_\_\_\_\_  
\_\_\_\_\_

3. What is your present career objective or major? \_\_\_\_\_

4. Attach a list of honors which you have received in high school and/or activities in which you have participate (High School) and community). Applicant shall sign list.

5. Name of parent or parents by whom applicant is eligible \_\_\_\_\_

Living \_\_\_\_\_ Deceased \_\_\_\_\_

6. Number of dependents children under 18 years \_\_\_\_\_ Over 18 \_\_\_\_\_  
Grade levels \_\_\_\_\_

7. Occupation of father \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

8. Occupation of mother \_\_\_\_\_ Annual Gross Income \$ \_\_\_\_\_

9. Applying as a veteran's child? Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach a copy of military service record - final DD 214 or discharge certificate).

10. Applying as an American Legion Auxiliary member's child: Yes \_\_\_\_\_  
No \_\_\_\_\_ Unit Name \_\_\_\_\_ Number \_\_\_\_\_

Signed

Date

Applicant

11. Name and Number of Unit submitting application: \_\_\_\_\_

Signature of Unit President

Date