

**The American Legion Auxiliary
Department of Virginia
Dr. Kate Waller Barrett Scholarship Requirements**

The American Legion Auxiliary, Department of Virginia offer one (1) scholarship in the amount of \$1000 dollars to a daughter or son of and American Legion Auxiliary member.

No Unit may submit more than one application.

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/his 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 online courses.
3. The following three letters of recommendation are required:
 - a. One letter from wither the Principal or Guidance Counselor at the school from which the applicant will graduate. The letter should include the size of the graduating class, the applicant's ranked position in the class, and the cumulative grade point average.
 - b. Two letters from adult citizens other than relatives, attesting to the applicant's character regarding conduct, citizenship and leadership.
4. A transcript from the applicant's high school and a copy of ACT or SAT test scores must be included with the application.
5. The application must include an original essay consisting of no more than 500 words (typed, double-spaced) titled *"Your Responsibilities as a Citizen of the United States"*.
6. The completed application packet must be submitted to The American Legion Auxiliary Unit President in the Applicant's community by March 15th and the winning application forwarded to the Education Committee Chair by April 15th for review by a panel of judges.
7. The Department Secretary/Treasurer will send a check to the College or University of the recipient's choice upon receipt of the acceptance letter and confirmation of registration as a full-time student from the College or University. The scholarship recipient, the submitting Unit will be notified at that time.

Note: Applications of all scholarship recipients under any program or committee must be reviewed and certified by the Department Finance Committee prior to any notifications or payments.

**The American Legion Auxiliary
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Dr. Kate Waller Barrett Scholarship Application**

Applicant's Name: _____

Current mailing address:

Date of birth _____ Phone _____ Alternate phone _____

Name of individual through whom the applicant is eligible for the scholarship:

(Please attach documentation of The American Legion Auxiliary member's current membership.)

Number of dependent children in family (under 19 years) _____

Grade level(s): _____, _____, _____, _____, _____, _____

Occupations:

Parent (1) _____ Annual income \$ _____

Parent (2) _____ Annual income \$ _____

Government compensation/pension received by parent and/or child: \$ _____

Proposed date of graduation _____

Name and address of College or University you plan to attend:

Applicant's signature _____ Date _____

Name and address of submitting Unit:

Certified by: _____ Date _____

(Required: Signature of Unit President or Department designee)