WALLIS AMERICAN LEGION AUXILIARY UNIT 200 SCHOLARSHIP REQUIREMENTS 2025

The Wallis American Legion Auxiliary Unit 200 will annually award **two**, \$500.00 scholarships to graduating seniors who are continuing their education. Recipients of the scholarship must meet the following **eligibility requirements:**

- 1. Applicant must be a high school graduating senior.
- 2. Applicant must have a family member who was or is a veteran of the Armed Forces.
- 3. Applicant must be enrolled as a full-time student, with a minimum of twelve (12) semester hours, and must be considered a full-time student by the institution where they are enrolled following their graduation. The institution must be a recognized university, college, junior college or vocational school.

Application **will not be accepted** without all of the following items included in the application packet:

Completed Scholarship Application High School Transcripts (sealed envelope) 2 Reference Letters (sealed envelope/no relatives)

Please direct all correspondence to:

Wallis American Legion Auxiliary Unit 200 Attention: Joyce Giese 2509 Parkway Ave Rosenberg, TX 77471

You may also contact Joyce Giese at 281-743-3678 or by email jgiese3866@aol.com, if you have any questions regarding your application or payment.

Deadlines:

If mailing, applicants must return completed scholarship application form to Joyce Giese and **postmarked by April 3, 2025.**

Local applicants can complete and return scholarship application to the Brazos High School Counselor's office by April 17, 2025.

If you should be awarded this scholarship, you will be notified by a written letter from the Scholarship Chairperson, Joyce Giese.

You will then need to submit proof of enrollment to the institution of your choice to Joyce Giese and the funds will be sent directly to your school. Payment will be made to the recipient's institution once verification of the requirements has been met.

Scholarship award must be used within 1-year issuance.

All decisions of the Scholarship committee are final. The submitted application and all forms become property of Wallis American Legion Auxiliary Unit #200.

WALLIS AMERICAN LEGION AUXILIARY UNIT 200 SCHOLARSHIP FORM

Personal Information
Name:
Address:
Telephone Number: Date of Birth:
Parent or Guardian's Name:
Armed Services: Family Member, relationship and time and branch of service:
Have you or a family member been a member of the American Legion Wallis Post 200 (Past or Present, including the American Legion Auxiliary, the Sons of the American Legion). Include name with their association:
Schools Attended
Elementary:
Junior High:
High School:
University, college, junior college or vocational school you are planning to attend:
College Major: College Minor:

Describe below why you are applying for the scholarship. You may use additional sheets.

LIST (<u>no paragraphs</u>, <u>please</u>) in detail the following activities for all **four years (9-12) of High School**. For example, if you were a member of the band your last three years, indicate this as Band 2(sophomore),3(junior),4(senior) years.

(Please **do not repeat** same activities, awards, or honors in each of the following sections.) Additional sheets may be used.(

Extra-curricular Activities (e.g., band, UIL, clubs, sports, etc.)

Extra-curricular Activities	Year(s)(ex:1,2,3,4)

Special Honors and Awards: (e.g., National Honor Society, Who's Who, honor roll, etc.)

Special Honors/Awards	Year(s)(Ex:1,2,3,4)

Church and Community Activities: (e.g., Church Youth Organizations, Girls Scout/Boys Scout, volunteer work, etc.)

Church/Community Activity / Volunteer Work	Mth/Year

American Legion Related Activities/Awards/Americanism: (e.g., member of Auxiliary/Sons of American Legion, Girls' or Boys' State delegate, <u>acts of patriotism</u>, etc.)

Activity/Award/Acts of Americanism	Mth/Year

Applicant's Certification: To the best of my knowledge the information reported above is complete and correct.

Signature of Applicant:	Date:

Parent/Guardian Signature: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _______Date: ______Date: ______Date: _____D

Counselor's Certification: To the best of my knowledge, I have verified the above information reported by the applicant is true and correct.

Signature of Counselor:	Date:
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Counselor at: ______ High School