



American Legion Auxiliary
Department of North Carolina

PO Box 46315
Raleigh, NC 27620

919-832-7506 Ext. 4

WARREN-RAGAN JUNIOR SCHOLARSHIP

Applicants Name: _____

Date of submission: _____

Unit Name & Number: _____

Received in Department: _____

AMERICAN LEGION AUXILIARY
Department of North Carolina
PO Box 46315
Raleigh, NC 27620

WARREN-RAGAN JUNIOR SCHOLARSHIP APPLICATION

(One \$1,000 scholarship will be awarded for the year from this scholarship fund and will be sent directly to the college or university)

RULES:

1. Candidates must be a junior member in good standing in the North Carolina Department.
2. No unit may enter more than one candidate.
3. Candidates must be approved by the senior unit.
4. Applications for the Warren-Ragan Junior Scholarship must be secured from the unit to which they are applying to.
5. The completed application packet must be returned to the unit prior to March 15 of the year in which the application is being made.
6. The unit must submit a letter of endorsement about the applicant, including her involvement in the unit, community, school, and other accomplishments, inc.

APPLICATION REQUIREMENTS: (Packet contents for consideration for scholarship)

1. Completed application form.
2. Three (3) letters of recommendation from the following:
 - a. Principal or Counselor of the school from which she will graduate.
 - b. Clergyman of the applicant's choice or another community leader.
 - c. Citizen, other than a relative, certifying to the applicant's character and community involvement.
3. A certified transcript or photographic copy of high school grades.
4. The completed application packet must be returned to the Unit President prior to March 15 of the year in which the application is being made.

SELECTION PROCUDURES:

1. The unit candidates shall be selected on the following basis:
 - a. Character – High standards of conduct and keen sense of right.
 - b. Leadership – Ability to lead and accomplish through groups action, personal magnetism, guidance and thought of others.
 - c. Scholarship attainment – Grads of senior year and rating in class.
 - d. Basis of need – Actual need of financial assistance to continue higher education. (To be decided by the Unit President and/or selection committee.)
2. Each unit is responsible for the applicant's packet and must check to verify all necessary information is included and submit the packet by the set deadline to the department.
3. Each unit winner shall be mailed to the Department office by April 1 of year application is being made.
4. All applicants shall be notified of the results of the Unit's selection.
5. The selection of the recipient of the scholarship will be made by the Warren-Ragan Junior Scholarship Committee.
6. The decision of the selection committee shall be final.
7. The money will be sent to the school of the applicant's choice at the beginning of the school term. The recipient will receive a form in advance of the beginning of the school term to be completed so that funds will be received on time.

AMERICAN LEGION AUXILIARY DEPARTMENT OF NORTH CAROLINA

WARREN-RAGAN JUNIOR SCHOLORSHIP APPLICATION

Application must be submitted to the Unit President of the American Legion Auxiliary Unit in the community in which the applicant is a member , no later than March 15 of the year application is being made.

1. PERSONAL:

Name of applicant:_____

Date of birth:_____

Address:_____

City:_____ State:_____ Zip Code_____

Name of parents or guardian:_____

Name of person by which applicant is eligible for membership_____

Living:_____ Deceased:_____ : Divorced:_____

If deceased, date of death or year:_____

Brief statement of military service of the person eligible through. Which conflict era: WWI, WWII, Korean, Vietnam, Grenada/Lebanon, Panama, or Persian Gulf War until cessations of hostilities as determined by the US Government:

2. FAMILY INCOME:

Occupation of father (or stepfather)_____

Annual income_____

Occupation of mother (or stepmother)_____

Annual income_____

Total monthly government compensation or pension received by parent (s) and/or children or applicant _____

Number of dependent children in family (under 18 years) _____ Grade levels _____
(Over 18 years) _____

Is the applicant eligible for or drawing Social Security payments? Yes ____ No_____

If so, monthly amount received \$_____

3. SCHOOL:

Date of expected graduation from high school: _____

The college or university which applicant desires to attend: _____

Degree or career field of pursuit by application: _____

_____ Printed name of applicant

_____ Signature of applicant

Address of Applicant: _____

Phone number of applicant or parent: _____

Date of signature of applicant: _____

NOTE: PLEASE BE SURE TO ATTACH OTHER REQUIRED MATERIALS TO THIS APPLICATION AND SUBMIT TO THE UNIT PRESIDENT OF THE AMERICAN LEGION AUXILIARY IN THE COMMUNITY IN WHICH YOU ARE A MEMBER, NO LATER THAN MARCH 15 OF THE YEAR YOU ARE APPYING.

This section to be filled in by sponsoring American Legion Auxiliary Unit President:

Name & Number of ALA Unit

Approval of Eligibility

Address of Unit

Signature of Unit President