

American Legion Auxiliary Department of North Carolina

PO Box 46315 Raleigh, NC 27620

919-832-7506 Ext. 1

WARREN-RAGAN JUNIOR SCHOLARSHIP

Applicant’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Submission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Name & Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received in Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DEPARTMENT OF NORTH CAROLINA**

**WARREN-RAGAN JUNIOR SCHOLARSHIP**

(Only one scholarship is awarded yearly, and the amount is determined by the Finance Committee)

**RULES:**

1. Candidates must be junior members in good standing in the Department of NC.
2. A unit may only submit one candidate per year.
3. The senior Unit must approve candidates.
4. Applications for the Warren-Ragan Junior Scholarship must be secured from the Unit to which they are applying.
5. The completed application packet must be returned to the unit prior to March 15th of the year in which the application is made.
6. The Unit must submit a letter of endorsement about the applicant, including her involvement in the unit, school, community, and other accomplishments, etc.

**APPLICATION REQUIREMENTS:** (Packet contents for consideration for scholar)

1. Completed application form
2. Three (3) letters of recommendation from the following:
	1. Principal or Counselor of the school from which she will graduate.
	2. Clergyman or spiritual leader of the applicant's choice or another community leader.
	3. A citizen, other than relatives, certifying the applicant's character and community involvement for consideration of this scholarship.
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 15th of the year in which the application is being made.

**SELECTION PROCEDURES:**

1. The Unit candidates shall be selected on the following basis:
	1. Character - High standards of conduct and keen sense of right.
	2. Leadership - Ability to lead and accomplish through group action, personal magnetism, guidance, and thoughtfulness of others.
	3. Scholarship attainment - Grades of senior year and rating in class.
	4. Basis of Need - Actual need of financial assistance to continue higher education. (To be decided by the Unit President and/or unit 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.
3. Each Unit winner shall be mailed to the Department Office by April 1 of the 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 school term to be completed so the funds will reach the school of the winner’s choice.

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**DEPARTMENT OF NORTH CAROLINA**

**WARREN-RAGAN JUNIOR SCHOLARSHIP**

**APPLICATION**

Application must be submitted to the unit President of the American Legion Auxiliary

in the community in which the applicant is a member, no later than March 15.

**Personal Information:** Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been an auxiliary member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent(s) or guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person by which applicant is eligible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living \_\_\_\_\_\_\_ Deceased \_\_\_\_\_\_\_\_\_ (If deceased please provide DOD)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief statement of military service of the veteran 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.

**FAMILY INCOME**

Occupations: Father/Stepfather: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother/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 applicant eligible for or drawing Social Security payments? Yes: \_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_

 If YES, monthly amount received $ \_\_\_\_\_\_\_\_\_\_

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**SCHOOL**

Date of expected graduation from high school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The college or university which applicant desires to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree plan or career field applicant plans to pursue with brief description:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Please be sure to attach other required material to this application and submit to President of the American Legion Auxiliary Unit in the community in which you are a member, no later than March 15.**

(To be completed by sponsoring Unit President of American Legion Auxiliary)

Unit Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval of Eligibility by Unit Membership Chairman:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit President’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit President’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_