



AMERICAN LEGION AUXILIARY  
DEPARTMENT HEADQUARTERS  
PO BOX 46315  
RALEIGH, NC 27620

## WARREN-RAGAN JUNIOR SCHOLARSHIP

APPLICANTS NAME \_\_\_\_\_

DATE \_\_\_\_\_

UNIT NAME & NUMBER \_\_\_\_\_

AMERICAN LEGION AUXILIARY  
DEPARTMENT HEADQUARTERS  
PO Box 46315  
Raleigh, NC 27620

**WARREN-RAGAN JUNIOR SCHOLARSHIP FUND**

(One scholarship will be awarded for the year)

**RULES:**

1. Candidates must be a Junior member.
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.
5. The completed application packet must be returned to the Unit prior to March 15th of the year in which the application is being made.
6. Candidates must be a Junior member in good standing in a North Carolina Unit.
7. **The Unit must submit a letter about the applicant, including her involvement in the Unit and other accomplishments, etc.**

**APPLICATION REQUIREMENTS:** (Packet Contents)

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 relatives, certifying to the applicant's character and 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:
  - a. Character - High standards of conduct and keen sense of right.
  - b. Leadership - Ability to lead and accomplish through group action, personal magnetism, guidance and thought of others.
  - c. Scholarship attainment - Grades 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).
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.
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 to complete concerning this matter.

AMERICAN LEGION AUXILIARY DEPARTMENT OF NORTH CAROLINA

WARREN-RAGAN JUNIOR APPLICATION

Application must be submitted to the Unit President of the American Legion Auxiliary in the community in which the applicant is a member, not later than March 15.

I. PERSONAL:

1. Name of applicant \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name of person (s) or guardian \_\_\_\_\_

3. Name of parent by which applicant is eligible \_\_\_\_\_

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

If deceased, date of death \_\_\_\_\_

4. Brief statement of military service of that person during WWI, WWII, Korean Conflict, or Vietnam Era, Grenada/Lebanon, Panama, or Persian Gulf War until cessation of hostilities as determined by the US Government \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

II. Family Income:

1. Occupation of father (or stepfather) \_\_\_\_\_

Annual income \_\_\_\_\_

Occupation of mother \_\_\_\_\_ Annual income \_\_\_\_\_

2. Total monthly government compensation or pension received by parent (s) and/or children \_\_\_\_\_

3. Monthly compensation or pension for applicant \_\_\_\_\_

4. Number of dependent children in family (Under 18 years) \_\_\_\_\_

Grade levels \_\_\_\_\_ (Over 18 years) \_\_\_\_\_

5. Is applicant eligible for or drawing Social Security payments? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, monthly amount \$ \_\_\_\_\_

III. School:

1. Date of graduation from high school \_\_\_\_\_
2. The college or university which applicant desires to attend \_\_\_\_\_
3. Degree plan or career field applicant plans to pursue \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

NOTE: Please be sure to attach other required material to this application and submit to the president of the American Legion Auxiliary Unit in the community in which you are a member, not later than March 15

\_\_\_\_\_  
**To be filled in by sponsoring Unit President of American Legion Auxiliary:**

\_\_\_\_\_  
Name & Number of Unit

\_\_\_\_\_  
Approval of Eligibility

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Unit President