American Legion Auxiliary, Department of Rhode Island

APPLICATION FOR Book Award - Deadline May 30, 2027

RECOMMENDATIONS: THREE (3) ARE REQUIRED. One from school, one from a community group leader, and one from one other person **NOT RELATED** to the applicant.

1. SCHOOL: A comprehensive letter covering character, personal scholarship standing of the applicant from an authority in high school, and a transcript of high school records.
2. COMMUNITY GROUP LEADER: Any youth group to which the applicant has belonged. For example: CYO, YWCA/YMCA, Girls/Boys Club, or Girl Scouts, Boy Scouts, etc.
3. OTHERS: A responsible person who can give a worthwhile opinion of the character, industry, and general worthiness of the applicant.

THESE LETTERS MUST BE ATTACHED TO THIS APPLICATION

PARENTS STATUS (THIS SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

FATHER'S NAME: _____

OCCUPATION: _____

ANNUAL INCOME: $_____SOCIAL SECURITY/RETIREMENT INCOME $_____

MOTHER'S NAME _____

OCCUPATION: _____

ANNUAL INCOME: $_____SOCIAL SECURITY/RETIREMENT INCOME $_____

PARENT'S ADDRESS: _____

IF PARENT IS DECEASED, IS A TRUST FUND ESTABLISHED FOR EDUCATION? _____

DO YOU OWN YOUR OWN HOME? _____MORTGAGE $_____RENT:_____

TODAY'S VALUE OF HOME: $_____

NUMBER OF CHILDREN IN FAMILY (single) _____ (married) _____

NUMBER OF CHILDREN LIVING AT HOME: _____

NUMBER OF CHILDREN IN SCHOOL: _____Grade school:_____High School:_____College:_____Other:_____

THE ABOVE STATEMENTS ARE CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____DATE: _____

AMERICAN LEGION AUXILIARY
DEPARTMENT OF RHODE ISLAND

APPLICATION FOR BOOK AWARD

NAME IN FULL
(Please print clearly) _____

ADDRESS: _____

HIGH SCHOOL NOW ATTENDING: _____

AVERAGE AT END OF JUNIOR YEAR: _____CLASS RANK: _____

NAME OF COLLEGES TO WHICH YOU HAVE APPLIED IN ORDER OF CHOICE:

1. _____Accepted: Yes_____ No _____ Unknown _____

2. _____ Accepted: Yes_____ No _____ Unknown _____

3. _____ Accepted: Yes_____ No _____ Unknown _____

WHICH SCHOOL DO YOU PLAN TO ATTEND? _____

WHAT COURSE DO YOU PLAN TO PURSUE? _____

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS? _____Yes_____No_____

IF YES, WHERE? _____

HAVE YOU RECEIVED ANY? Yes _____ No _____ IF SO, HOW MUCH? $_____

DO YOU PARTICIPATE IN ANY EXTRA-CURRICULAR SCHOOL ACTIVITIES? IF SO, PLEASE LIST:

EMPLOYMENT:

Employer Position held Approx. earnings Length of employment 1.

2.

3.

Will this money you earned be used for your education? How much?

Signature of Applicant:

******VERY IMPORTANT*******

A PHOTOCOPY OF YOUR FATHER, MOTHER OR GRANDPARENT'S DISCHARGE PAPERS MUST ACCOMPANY THIS APPLICATION

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