

LAURA BLACKBURN MEMORIAL SCHOLARSHIP

Scholarship Criterion:

1. Candidates for this award shall be the child or grandchild of a veteran who served in the United States armed forces during eligibility dates for membership in the American Legion
 - a. April 6, 1917 to November 11, 1917 (WWI)
 - b. December 7, 1941 to a date to be determined by the federal government upon which the cessation of hostilities has occurred.
2. Applicants must reside in the State of Kentucky and be in their senior year of an accredited high school.
3. Participation in this scholarship program shall be on a voluntary basis in all Units.
4. No Unit may enter more than one candidate for the scholarship.
5. The scholarship must be used within twelve (12) months from the date the winner receives notification from the Department Headquarters.
6. Applicants must present the completed application to the local American Legion Auxiliary Unit President on or before March 31st.
7. The winning entry for each Unit shall be certified by the American Legion Auxiliary Unit President on or before March 31st.
8. Judging at all levels, shall be on the following basis:
 - a. Character 20%
 - b. Americanism 20%
 - c. Leadership 20%
 - d. Scholarship 40%All judges' decisions are **FINAL!**
9. The award will be in the amount of \$1,000.
10. Half of the award will be paid directly to the school for the first semester upon notification from the school that the student has registered as a full-time student. The balance of the award will be paid to the school upon notification from the school that the student has registered for the second semester. There shall be no money paid to the school for the second semester of the school later than twelve (12) months following the awarding of the scholarship.

UNIT INSTRUCTIONS: The winning entry of each Unit shall be signed by the American Legion Auxiliary Unit President and/or Unit Secretary and mailed to the Department of Education Chairman, to be received on or before April 15th. (You may consider emailing as well as mailing) Should an entry be received and no Unit affiliation is available, then the application should be judged in the Department Headquarters Unit.

APPLICATION PACKAGE REQUIREMENTS

1. Complete application form for the Laura Blackburn Memorial Scholarship.
2. The following four (4) letters of recommendation:
 - a. One letter from either the principle or guidance counselor of the school from which the applicant will graduate including:
 - i. Total size of class
 - ii. Student's position in the class
 - iii. Student's cumulative grade point average (GPA).
 - b. One (1) letter from a clergy person of the applicant's choice.
 - c. Two (2) letters from adult citizens, other than relatives, attesting to the applicant's character in regard to conduct, citizenship, and leadership.
3. An original article/essay consisting of no more than 1,000 words (typed, double-spaced) with subject being: "How an education will contribute to my future patriotic spirit." The title of the essay will be,

"THE VALUE OF EDUCATION IN A DEMOCRATIC SOCIETY"

4. A certified transcript or photocopy of the high school grades of the applicant.
5. A copy of the ACT or SAT scores for the applicant.
6. A photocopy of the eligible Veteran's Discharge Papers (DD214 or equivalent).

**APPLICATION FOR LAURA BLACKBURN MEMORIAL SCHOLARSHIP
AMERICAN LEGION AUXILIARY, DEPARTMENT OF KENTUCKY**

DEADLINE FOR SUBMISSION IS **MARCH 31st**. MUST BE SUBMITTED TO THE LOCAL AMERICAN LEGION AUXILIARY UNIT PRESIDENT WITH ALL ATTACHMENTS.

Name of applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Applicant Marital Status: Married ___ Not Married ___

Expected graduation date from high school: _____

College/university name/address expected to attend: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Veteran Eligible Through Relationship

Veteran: Living ___ Deceased ___

Printed full name of applicant Applicant Signature

Phone Number Date

THIS PORTION TO BE COMPLETED BY SPONSORING UNIT (TYPE OR PRINT)

Unit Name and Number Signature Unit Secretary or Education Chairman

Address _____

City, State, Zip Signature of Unit President Date