



**American Legion Auxiliary
Department of Vermont**

2026 Scholarships & Awards

**This publication includes American Legion Auxiliary
Vermont Scholarships & Awards.**

**ALL Scholarships & Awards should be recieved by
April 15th by a VT Auxiliary Unit and sent to ALA
Dept. Headquarters by May 15th at:
American Legion Auxiliary Dept. of VT
PO Box 192
Montpelier, VT 05602**

Revised 02/2026



AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT AWARD
UNIT EDUCATION CHAIRMAN

AWARD AMOUNT: **\$1,000**

THIS IS AN AWARD AND DOES NOT NEED TO BE REPAID

CRITERIA:

1. Participation in this scholarship program is on a voluntary basis within all Units.
2. The Unit may submit only one application to the Department.
3. **Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15TH.**
4. **The winning entry for each Unit shall be sent to ALA Department Headquarters by May 15th. where it will be certified by the American Legion Auxiliary Department Executive Director.**
5. Judging at all levels shall be based on the following criteria:
 - A. Character & Leadership 20 points
 - B. Application 20 points
 - C. Financial Need 20 points
 - D. Scholarship 40 points

REQUIREMENTS:

1. Completed application packet for Department Award.
2. The following three (3) letters of recommendation:
 - A. One letter from the applicant's high school from either the Principal or Guidance Counselor to include the class size, the applicant's position in the class, and their cumulative grade point average.
 - B. Two (2) letters from adults, other than relatives, attesting to the applicant's character in regard to conduct, citizenship and leadership.
3. A certified transcript or a photocopy of the applicant's grades.
4. A copy of SAT or ACT scores.
5. A copy of the FAFSA OR SAR (report generated from submitting the FAFSA).

UNIT SEND BY MAY 15TH TO:
ALA Dept. Headquarters at:
American Legion Auxiliary Dept. of VT
PO Box 192
Montpelier, VT 05602

Questions? Please contact:
Donna Stone
ALA Education Chair
dlstone764@gmail.com
802-442-4314



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT AWARD
AWARD AMOUNT: \$1,000**

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

HOME #: _____ CELL #: _____

NAME OF FATHER, STEPFATHER, ADOPTIVE FATHER OR GUARDIAN:

ADDRESS: _____

IF VETERAN, DATE OF MILITARY SERVICE: _____

OCCUPATION: _____

ANNUAL GROSS INCOME: _____

NAME OF MOTHER, STEPMOTHER, ADOPTIVE MOTHER OR GUARDIAN:

ADDRESS: _____

IF VETERAN, DATE OF MILITARY SERVICE: _____

OCCUPATION: _____

ANNUAL GROSS INCOME: _____

NUMBER OF DEPENDENTS OF PARENTS: _____

GRADE LEVEL OF DEPENDENTS: _____

DOES ANYONE AT HOME REQUIRE CONSTANT MEDICAL CARE? _____



AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT AWARD
UNIT EDUCATION CHAIRMAN
AWARD AMOUNT: \$1,000

Attach this form to the application when forwarding it to Department.

UNIT EDUCATION CHAIRPERSON: _____

UNIT NAME & #: _____
DATE UNIT RECEIVED APPLICATION: _____

UNIT PRESIDENT SIGNATURE

UNIT EDUCATION CHAIR SIGNATURE

DATE

DATE

**EACH UNIT AND DEPARTMENT ARE RESPONSIBLE FOR VERIFYING ALL
NECESSARY INFORMATION IN THE APPLICANT'S PACKET.**

**UNITS SEND BY MAY 15TH TO:
ALA Dept. Headquarters at:
American Legion Auxiliary Dept. of VT
PO Box 192
Montpelier, VT 05602**



**AMERICAN LEION AUXILIARY
DEPARTMENT OF VERMONT
2026 EDUCATOR OF THE YEAR
Unit Education Chair**

NOMINEES NAME: _____

ADDRESS: _____

NOMINEE'S SCHOOL NAME: _____

ADDRESS: _____

UNIT NAME & NUMBER: _____

UNIT PRESIDENT'S NAME: _____

UNIT PRESIDENT'S TELEPHONE: _____

**PLEASE ATTACH A TYPE WRITTEN BIOGRAPHY OF
THE NOMINEE AND A NARRATIVE FOR THE REASON(S)
FOR THE NOMINATION.**

Nominations for Educator of the year should be remitted by April 15th to your local American Legion Auxiliary Unit, to be remitted to Dept. HQs by May 15th.

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Montpelier, VT 05602**

**Questions? Please contact:
Donna Stone
ALA Education Chair
dlstone764@gmail.com
802-442-4314**



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT
NON-TRADITIONAL AWARD
UNIT EDUCATION CHAIRMAN**

Following all directions carefully will make a difference in your applicant being considered.

RULES:

1. Applicants must be a member of the American Legion Family. They must have had their dues paid for the two (2) previous years and the present year in which they are applying.
2. Applicants must be a non-traditional student defined as either returning to higher education after a break of time in which their formal education was interrupted or beginning their higher education at a later point in life.
3. **Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15TH.**
4. The Award will be paid directly to the student at the beginning of the second semester. Second Semester class registration with a first semester transcript is required to be sent to Department Headquarters before payment will be made.

UNITS SEND BY MAY 15TH TO:

**ALA Dept. Headquarters
American Legion Auxiliary Dept. of VT
PO Box 192
Montpelier, VT 05602**



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT
NON-TRADITIONAL AWARD
UNIT EDUCATION CHAIRMAN
AWARD AMOUNT: \$1,000**

Attach this form to the application when forwarding it to Department.

UNIT EDUCATION CHAIRPERSON: _____

UNIT NAME & NUMBER: _____

DATE UNIT RECEIVED APPLICATION: _____

UNIT PRESIDENT SIGNATURE

UNIT EDUCATION CHAIR SIGNATURE

DATE

DATE

**DO NOT INCLUDE THIS FORM WITH THE APPLICATION! THESE ARE UNIT
INSTRUCTIONS ONLY!**

CRITERIA:

1. Participation in this award is on a voluntary basis within all Units.
2. Applicants must present the completed application to their local American Legion Auxiliary Unit by April 15TH.
3. Auxiliary Units will send their chosen winning applicants to ALA Dept. HQs by May 15th.
4. Make sure to include the correct mailing address on the application form.
5. The Unit may submit only one application for judging.
6. Unit Chairperson is to forward a copy of the application to the A LA, Department of Vermont, PO Box 192, Montpelier, VT 05601-0192. by May 1st for judging.
7. Judging criteria:

Financial Need 25 points
Academic Achievement 25 points
Character & Leadership 25 points
Initiative & Goals 25 points



**AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT
NON-TRADITIONAL AWARD
AWARD AMOUNT: \$1,000**

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

HOME #: _____ CELL #: _____

I AM A MEMBER IN GOOD STANDING OF:

_____ AMERICAN LEGION

_____ AMERICAN LEGION AUXILIARY

_____ SONS OF THE AMERICAN LEGION

MEMBER #: _____

POST/UNIT/SQUADRON NAME & #: _____

CITY: _____ STATE: _____

SCHOLASTIC INFORMATION

YEAR OF HIGH SCHOOL GRADUATION: _____

DATES OF ANY PREVIOUS COLLEGE EDUCATION: _____

*IF IT HAS BEEN MORE THAN FIVE YEARS SINCE ANY HIGHER EDUCATION,
PLEASE SUBMIT WORK HISTORY*

FINANCIAL INFORMATION

NUMBER OF DEPENDENTS: _____

APPLICANTS ADJUSTED INCOME: _____

LIST SUPPORT OR INCOME FROM ANY OTHER SOURCES (if needed, attach additional sheets):

DESCRIBE ANY CIRCUMSTANCES THAT MAY AFFECT YOU OR YOUR FAMILY'S ABILITY TO PROVIDE FOR YOUR COLLEGE EDUCATION (if needed, attach additional sheets):

CHARACTER/LEADERSHIP

DESCRIBE ANY COMMUNITY SERVICE ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING HIGH SCHOOL, COLLEGE OR EMPLOYMENT (if needed, attach additional sheets):

LIST OFFICES HELD OR AWARDS RECEIVED (if needed, attach additional sheets):

INITIATIVE/GOALS

COLLEGE OR UNIVERSITY ATTENDING: _____

MAJOR: _____

WHY DID YOU SELECT THIS COLLEGE/UNIVERSITY? (if needed, attach additional sheets):

WHO OR WHAT INSPIRED YOU TO SEEK A DEGREE? (if needed, attach additional sheets):

SIGNATURE: _____

DATE: _____



**American Legion Auxiliary
Past Department Presidents
Nursing Scholarship
2026**

The Past Presidents Parley, consisting of Past Unit and Past Department Presidents of the American Legion Auxiliary, Department of Vermont, annually awards \$1,000 scholarship to a descendent of a Veteran who is entering the nursing profession. Applicants must be entering the nursing field to be eligible. The scholarship is awarded to a high school senior who is the son, daughter, grandson, granddaughter, great-grandson, great- granddaughter, sibling of a Veteran.

The American Legion Auxiliary is a worldwide patriotic organization whose mission is to support The American Legion and to honor the sacrifice of those who serve by enhancing the lives of Veterans, military, and their families, both at a home and abroad. We advocate for Veterans, educate our citizens, mentor youth, and promote patriotism, good citizenship, peace and security.

For the 2025-2026 year, one \$1,000 scholarship will be awarded.

Please return your completed application by April 15th to your local American Legion Auxiliary Unit

**UNIT SEND BY MAY 15TH TO:
ALA Dept. Headquarters at:
American Legion Auxiliary Dept. of VT
PO Box 192
Montpelier, VT 05602**

**Questions? Please contact:
John R. Tester - PPP Chair
Past Department President
802-989-3760
Jtester2663@gmail.com**



**AMERICAN LEGION AUXILIARY
PAST PRESIDENTS PARLEY NURSING SCHOLARSHIP
2026**

Applicants must be entering the nursing field (RN or LN) to be eligible. The scholarship is awarded to a high school senior who is the son, daughter, grandson, granddaughter, great-grandson, great-granddaughter or sibling of a veteran.

Completed applications must be submitted to the local Unit President of the American Legion Auxiliary in the community which the applicant resides. **Applications must be in the hands of the local Unit President by April 15, 2026. Unit selected winning candidates should be sent to ALA Dept. HQs by May 15th,**

SCHOLARSHIP AMOUNT: \$1,000.00

1. NAME: _____
2. ADDRESS: _____

3. HOME #: _____ CELL #: _____
4. DATE OF BIRTH: _____
5. NAME OF PARENT, GRANDPARENT, GREAT-GRANDPARENT, SIBLING BY WHICH APPLICANT IS ELIGIBLE: _____
6. RELATIONSHIP: _____
7. IF DECEASED, DATE OF DEATH: _____
8. GIVE A BRIEF STATEMENT OF MILITARY SERVICE OF THE VETERAN THROUGH WHOM THE APPLICANT IS ELIGIBLE. SERVICE CAN BE ANY TIME FROM DECEMBER 1941 TO CURRENTLY SERVING. (ATTACH A SHEET, IF NECESSARY)

9. NUMBER OF DEPENDENTS: _____

10. OCCUPATION OF FATHER/STEPFATHER: _____

 ANNUAL INCOME: _____
11. OCCUPATION OF MOTHER/STEPMOTHER: _____

 ANNUAL INCOME: _____
12. DATE EXPECTED TO GRADUATE FROM HIGH SCHOOL: _____
13. NAME & ADDRESS OF HIGH SCHOOL: _____

14. NAME OF COLLEGE OR UNIVERSITY WHICH APPLICANT DESIRES TO ATTEND:

15. HAVE YOU APPLIED AND BEEN ACCEPTED TO A COLLEGE OR UNIVERSITY? _____
 IF SO, NAME OF COLLEGE OR UNIVERSITY: _____

16. AFTER COMPLETING YOUR EDUCATION, WOULD YOU BE INTERESTED IN
 WORKING WITH DISABLED VETERANS OR DISABLED CHILDREN? _____

PLEASE SUBMIT WITH THIS APPLICATION A LETTER FROM YOUR PRINCIPAL OR GUIDANCE COUNSELOR REGARDING YOUR CHARACTER, AMERICANISM IDEALS AND SCHOLASTIC ABILITIES.

Make sure this application is FULLY COMPLETED. All questions must be answered. If not complete, the application will be disqualified.

APPLICANT SIGNATURE: _____ DATE: _____

SIGNATURE OF UNIT EDUCATION CHAIRMAN: _____ DATE: _____

SIGNATURE OF UNIT PRESIDENT: _____ DATE: _____

UNIT NAME AND NUMBER: _____

**UNIT SEND BY MAY 15TH TO:
 ALA Dept. Headquarters at:
 American Legion Auxiliary Dept. of
 VT PO Box 192
 Montpelier, VT 05602**

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF VERMONT
PO BOX 192 MONTPELIER, VT 05601-0192**

