



**AMERICAN LEGION AUXILIARY**  
**Department of New Hampshire**  
**ELSIE BROWN AWARD**



A \$300.00 award to be awarded to a resident of New Hampshire, or a member of a Unit of the American Legion Auxiliary, Department of New Hampshire for three (3) consecutive years including the current membership year and maintain membership through at least the award year, who is the child or grandchild of a deceased veteran.

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Parents \_\_\_\_\_

Number of Children in Family - Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_

Father's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

**Brief statement of service of parent and/or grandparent during WWI, WWII, Korean War, Vietnam Conflict, Grenada/Lebanon, Panama, or the Persian Gulf War**

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Date of Veteran's death \_\_\_\_\_

Government compensation or pension received by parent and children of deceased veteran \$ \_\_\_\_\_

Compensation or pension for applicant if parent has remarried is deceased \$ \_\_\_\_\_

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

College or school applicant desires to attend and course of study you plan to pursue:

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**Application must be accompanied by:**

- 1. Four letters of recommendation: One from your high school principal; one from the clergyman of your church; and two from adult citizens, other than relatives, certifying to the applicant's scholastic achievements, character, Americanism, leadership and basis of need.**
- 2. Original essay written by the applicant, consisting of not more than 500 words, on a topic of his or her own choosing.**
- 3. Any additional data attesting to his or her qualifications and participation in community activities.**
- 4. A certified transcript or photo static copy of high school grades.**

**DEADLINE: March 15**

**SEND TO:**

**American Legion Auxiliary  
Department of New Hampshire  
21 S. Fruit Street - Suite 266  
Concord, NH 03301-2428**

**Date:** \_\_\_\_\_ **Signature of Applicant** \_\_\_\_\_