AMERICAN LEGION AUXILIARY
Department of New Hampshire
MARION J. BAGLEY AWARD
A $1,000.00 Award

Name __________________________ Date of Birth ________________

Address ______________________________________________________

Telephone ______________________ E-mail _________________________

Name of high school ____________________________________________

Address ______________________________________________________

Resident of New Hampshire for _______ years  Date of graduation_________

College or school applicant desires to or is currently attending; and course of study he or
she plans to pursue or is pursuing.

_________________________________________________________________

_________________________________________________________________

RULES:

1. Applicant must be in his or her senior year or a graduate of an accredited high
school or equivalent, or attending an institution of higher learning.

2. Applicant must be a resident of New Hampshire or be 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.

3. Application must be accompanied by three (3) letters of recommendation
including the name, address, and telephone number of the person writing the
recommendation.

   A: One (1) from a high school or college teacher or guidance councilor.
     If not in high school, a letter from your employer is acceptable;
   B: Two (2) from adult citizens, other than relatives

4. Application must include a list of any church, school, or community activities or
organizations in which you are or have participated; including any offices held.
5. Applicant must write an original essay, not to exceed 1000 words, on “My Obligations as an American.”

6. Application must include a certified transcript or photocopy of high school, or school of higher learning grades, or GED.

7. Award must be used at an accredited institution of higher learning or at a professional or technical school awarding a certificate, diploma or degree upon completion.

RESOURCE SECTION (Must be fully completed.)

Name of Parent(s) or Guardian(s) ________________________________________________

Father’s employer __________________________ Annual Income $_________________

Mother’s employer __________________________ Annual Income $_________________

Number of children in family: Under 18______ Over 18_______ Attending college_______

College expenses:

Tuition and Fees $__________

Room and Board (on campus) $__________

Commuting expenses (off campus) $__________

Books and Supplies $__________

Personal expenses $__________

Other (specify) $__________

TOTAL EXPENSES $_________________

Resources as of Feb. 30th:

Student Contribution $__________

Parent(s) Contribution $__________

Scholarships and Grants received $__________

College work study $__________

Other (specify) $__________

TOTAL RESOURCES $_________________

I certify that the above information is true and accurate to the best of my knowledge.

Student’s Signature __________________________ Date:_________________

Parent or Guardian Signature __________________________ Date:_________________

DEADLINE: March 15

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