

**West Virginia American Legion Auxiliary  
Department Scholarship  
2025 - 2026  
Education and Scholarship Grant**

**Purpose**

To assist children of West Virginia Veterans, who are in need, to attend college or a school of higher education.

**Description**

For the payment of tuition and necessary fees only -- not to exceed \$500.00 per academic year. **It must be renewed annually** with letter of enrollment and not to exceed a total of four awards -- or a total of \$2000.00

**Eligibility**

Applicant must be a son, daughter, grandson, or granddaughter of a Veteran.

Applicant must be a resident of West Virginia, under 22 years of age when applying for first grant.

Applicant must be a high school graduate or in graduating class when applying.

Applicant must demonstrate financial need in order to qualify.

Applicant must achieve qualifying score on Scholastic Aptitude Test for the College Entrance Examination Board of West Virginia Colleges except if the applicant wishes to pursue some other career such as Beauty Culture, Nursing, etc.

Must have 16 credits of A, B, or C grades in last five (5) semesters of high school and must maintain a "C" average to be considered for renewal of grant. Copies of grade transcripts must be submitted to Department Scholarship Chairman each year to be considered for renewal.

**Application Procedure**

1. Application must be submitted prior to **March 1, 2026**, to **Unit President or Unit Scholarship Chairman** for thorough investigation as to actual financial need before being presented to the Department Education Chairman for consideration.
2. A certified transcript or photocopy of the applicant's high school grades.
3. Be prepared to submit a Parent's Confidential Financial Statement as evidence of financial need.
4. Present a letter of acceptance to a college or university of your choice in state of West Virginia **ONLY!**
5. A copy of ACT or SAT tests scores.
6. A brief statement of the military service of parent (parents), or grandparents including the branch of service and dates of service, and **a photocopy of veteran's DD214**, or other proof of military service,

**Application must be submitted to the Unit President of the American Legion Auxiliary in your community in which the applicant resides on or before March 1, 2026.**

1. Name of Applicant \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_
4. Name of Parent ( Parents) or Grandparents by which applicant is eligible \_\_\_\_\_  
Living \_\_\_\_\_ Deceased \_\_\_\_\_ Divorced \_\_\_\_\_
5. Brief statement of Military Service of parent (parents), or grandparents including branch of service and dates of service and a photocopy of veteran's DD 214 or other proof of military service.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Family Income \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_
7. Children in Family under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_
8. Date of Graduation from High School \_\_\_\_\_
9. Location \_\_\_\_\_ Number of Credits \_\_\_\_\_
10. Rank in Class \_\_\_\_\_ Grade Average \_\_\_\_\_
11. Your choice of college or school of higher learning and course of study in West Virginia \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Describe your involvement in school, church, and community activities. Use attachment if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Information as to need of scholarship (use extra sheet of paper if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Print or type full name**

**Signature of Applicant**

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

The winning entry of each Unit shall be certified by the American Legion Auxiliary Unit President and Unit Secretary or Education Chairman and mailed to the **Department Education Chairman; Lisa Harbour-Adkins, Chairman, 139 4240 Altizer Ave, Huntington WV 25705**, to be received on or before March 15, 2026. Should an entry be received and no Unit affiliation around, then the application should be judged by the Department Education Chairman.

**Unit Name and Number** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Signature of Unit President**

**Signature of Unit Secretary or Education Chairman**