

## MARY BARRETT MARSHALL SCHOLARSHIP

The Mary Barrett Marshall Scholarship is available to daughters, wives, sisters, widow, granddaughters of veterans eligible for membership in The American Legion.

1. The scholarship money is to be used for tuition, registration fees, laboratory fees and books only.
2. The applicant must list all income including pensions, Social Security, grants, scholarships, trusts, interest, etc.
3. The applicant must be a high school or GED graduate and submit record of grades.
4. The applicant must visit the Unit when requesting the scholarship.
5. The applicant must be a five (5) year resident of Kentucky.
6. The scholarship must be used for colleges or schools (trade or business) in Kentucky.
7. Four (4) letters from reputable and representative people (one from the principal or teacher of the high school from which she is a graduate; one from the Unit sponsoring her; and two from persons well acquainted with the applicant and her family) and must accompany the request for scholarship.
8. The scholarship recipient may reapply for the scholarship.
9. All applications must be sent to the Scholarship Committee by April 1<sup>st</sup> of each year. Winners will be notified by May 15<sup>th</sup>.
10. Scholarship will be awarded at the Department Convention.
11. The applicant must submit a copy of the veterans DD214 of whom she is eligible under.



AMERICAN LEGION AUXILIARY  
Department of Kentucky

APPLICATION----MARY BARRETT MARSHALL SCHOLARSHIP--- 20\_\_ 20\_\_

Name of applicant \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Must be a resident of Kentucky for 5 years

Social Security No. \_\_\_\_\_ Are you employed? \_\_\_\_\_

Name of Employer \_\_\_\_\_ Salary \_\_\_\_\_ Wk. Mo. Yr.

Do you/will you receive Social Security? \_\_\_\_\_ Amount \_\_\_\_\_/mo.

Are you receiving or do you expect to receive scholarships or grants from other sources? \_\_\_\_\_ Name sources and give approximate amount of each \_\_\_\_\_

Are you receiving a pension? \_\_\_\_\_ Amount per month \_\_\_\_\_

Will you or can you be employed part-time at school? \_\_\_\_\_

List other sources of income--be specific--include savings accounts, government bonds, etc. \_\_\_\_\_ (attach page if necessary)

Name of University, College, Business or Trade School you plan to attend: (Must be in Kentucky) \_\_\_\_\_

Date of graduation \_\_\_\_\_ or expected date \_\_\_\_\_

Name and relationship of Veteran by whom you are eligible to apply for this scholarship: Name \_\_\_\_\_ and relationship \_\_\_\_\_

Date or dates of service of this Veteran \_\_\_\_\_

Parents or Guardians: Father \_\_\_\_\_

Occupation \_\_\_\_\_ Ann. Income \$ \_\_\_\_\_

Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Ann. Income \$ \_\_\_\_\_

Other dependents - your's or parents' - names and ages: \_\_\_\_\_

\_\_\_\_\_ Relationship to you \_\_\_\_\_

Signed \_\_\_\_\_ (applicant)

Dated \_\_\_\_\_ Unit No. of Sponsor \_\_\_\_\_