

## Jonathan D. Rozier Unit 164 Katy

Post 164: 22125 Kingsland Blvd. Katy 77450 Mail: 565 S. Mason Road #209, Katy TX 77450

www.alaunit164katytx.org auxiliary@alaunit164katytx.org

#### HIGHER EDUCATION SCHOLARSHIP

We offer one scholarship of \$500.

#### Scholarship Application Rules:

- ✓ The Applicant must be a High School Senior in Katy ISD
- ✓ The Applicant must be planning to attend an accredited educational institution such as a Junior College, Community College, Trade School or University
- ✓ The final selection of recipients is made by the American Legion Auxiliary Unit 164 Scholarship Committee
- ✓ Recipients will be notified prior to May 1<sup>st</sup> of each year. All funds will be paid to the institution the student will be attending prior to the strt of the first day of classes

#### **Application Rules:**

- ✓ A completed application form must be submitted on or before March 17<sup>th</sup> of each year
- ✓ The student must complete an essay of 55 words or less about how the scholarship would help support their long range goals, qualifications and other information that supports their receiving the scholarship
- ✓ Provide one Letter of Recommendation original and current within past 60 days. No family members please
- ✓ Attach Proof of Enrollment or it must be provided prior to disbursement of funds
- ✓ A certified copy of the student's grade transcript or document showing their current GPA

If you have any questions, please contact

Dollie Oday
Scholarship Committee Chair
dollieoday@comcast.net
713-303-3383



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### HIGHER EDUCATION SCHOLARSHIP

Full Name of Applic	ant					
Address:						
	Street			City	State	Zip
Cell #		Email:				
Father's Name:					Cell #	-
Mother's Name:					Cell #	
Expected Date of G	raduation fror	n High Sch	ool:			
Current Grade Poin	t Average:					
Name and location, plan to attend:	including ma	iling addres	of Advanc	ed Education School	l or College o	r University you
Have you been accepted by this school, college or university?  (Please attach a copy of your acceptance letter if yes)  Y					Yes	No
Please include a co Please include at le Please include your	ast one letter	of recomm	endation ac	cording to guideline ng to guidelines	S	
Signature of Applicant:					Date:	
Application receive	d by Unit Pres	ident (signa	ature)			
Unit:	Date:					
TO BE COMPLETE	D BY ALA UN	IIT 164 PR	ESIDENT O	R SCHOLARSHIP CI	HAIR	
Date received		by (prin	t name)			
Approved:	Yes 1	No	· -	oved or Declined:	_	
Signature:						