

American Legion Auxiliary  
Department of New Hampshire

**DOTTIE HUNNEWELL MEMORIAL SCHOLARSHIP APPLICATION**

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

Address \_\_\_\_\_

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

Name of Parents or Guardian \_\_\_\_\_

Their address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Number of Children in Family: \_\_\_\_\_

A. Under 18 years of age \_\_\_\_\_

B. Over 18 years of age \_\_\_\_\_

C. # of children now attending college \_\_\_\_\_

Occupation of Father \_\_\_\_\_ Annual Income \_\_\_\_\_

Occupation of Mother \_\_\_\_\_ Annual Income \_\_\_\_\_

College or University applicant desires to attend and courses she plans to pursue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A short article by the applicant on **"What this scholarship would mean to me"**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_