

**SCHOLARSHIP  
YEAR-END REPORT  
(January 2022 – April 2022)**

**MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY APRIL 10, 2022  
DISTRICT PRESIDENT MAIL TO DEPARTMENT CHAIRMAN BY APRIL 20, 2022**

**AUXILIARY** \_\_\_\_\_ **NUMBER** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

**Voice of Democracy Audio/Essay Contest:**

1. Did your Auxiliary assist the VFW Post with this program? Yes\_\_\_No\_\_\_
2. Did your Post/Auxiliary have an entry in the contest? Yes\_\_\_No\_\_\_
3. Number of Auxiliary members assisting with the program? \_\_\_\_\_
4. Total number of hours Auxiliary members spent on program? \_\_\_\_\_

**Patriot's Pen Essay Contest:**

5. Did your Auxiliary assist the VFW Post with this program? Yes\_\_\_No\_\_\_
6. Did your Post/Auxiliary have an entry in this program? Yes\_\_\_No\_\_\_
7. Number of Auxiliary members assisting with the program? \_\_\_\_\_
8. Total number of hours Auxiliary members spent on program? \_\_\_\_\_

**Young American Creative Art:**

1. Has your Auxiliary promoted this program in your community? Yes\_\_\_No\_\_\_
2. Did your Auxiliary have an entry in the contest? Yes\_\_\_No\_\_\_
3. Number of students submitting an entry? \_\_\_\_\_
4. Total dollar amount awarded? \_\_\_\_\_ Check Number \_\_\_\_\_

**Continuing Education Scholarship:**

1. Has your Auxiliary promoted this program to Auxiliary Sisters and Brothers? Yes\_\_\_No\_\_\_
2. Did your Auxiliary have an entry in this contest? Yes\_\_\_No\_\_\_
3. Number of Auxiliary members assisting with this program? \_\_\_\_\_
4. Total number of hours Auxiliary members spent on program? \_\_\_\_\_
5. Did your Auxiliary publicize these contests in the community? Yes\_\_\_No\_\_\_

**Statewide Project:**

1. Did your Auxiliary participate in the Statewide Project? Yes\_\_\_No\_\_\_
2. How much money was raised? \_\_\_\_\_ Check Number \_\_\_\_\_
3. Did your Auxiliary participate in a media event? Yes\_\_\_No\_\_\_  
Please attach newspaper articles, website print-outs, pictures, etc.
4. Number of Auxiliary members assisting with program? \_\_\_\_\_
5. Total number of hours Auxiliary members spent on program? \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_  
(Please Print)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**“We Tip Our Hats To Vets”  
“Soaring Above & Beyond”**