

**SCHOLARSHIP  
MID-YEAR REPORT  
(July 2021 – December 2021)**

**MAIL THIS REPORT TO YOUR DISTRICT PRESIDENT BY DECEMBER 10, 2021  
DISTRICT PRESIDENT MAIL TO DEPARTMENT CHAIRMAN BY DECEMBER 20, 2021**

**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?<br>Please attach newspaper articles, website print-outs, pictures, etc. | Yes___No___ |
| 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”**