

American Legion Auxiliary, Department of New York, Inc.

Education Committee

County Report Form – 2009-2010

Reporting Dates: November 10, 2009 – March 10, 2010 –May 10, 2010

County: \_\_\_\_\_ # of Units in County: \_\_\_\_\_ # of Units Reporting: \_\_\_\_\_

County Chairman: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Participation with Scholarships and Educational Resources**

1. Please list number applications submitted into your Department:

National President's Scholarship \_\_\_\_\_

Spirit of Youth Junior Scholarship \_\_\_\_\_

Non-Traditional Scholarship \_\_\_\_\_

2. Department Scholarships

Number awarded \_\_\_\_\_

Total value of scholarships \$ \_\_\_\_\_

3. Unit Scholarships:

Number of Units offering scholarships \_\_\_\_\_

Total value of scholarships \$ \_\_\_\_\_

4. Donations made to other scholarship funds \$ \_\_\_\_\_

5. Number of Need-a-Lift? Distributed \_\_\_\_\_

6. Number of Guide for Parents and Students distributed \_\_\_\_\_

7. Amount of donations made to the National President's Scholarship Fund  
\$ \_\_\_\_\_

**II. Literacy**

1. Number of Units participating in adult literacy programs \_\_\_\_\_

Total number of volunteer hours \_\_\_\_\_

Number of people served \_\_\_\_\_

Amount of donations or dollars spent \$ \_\_\_\_\_

2. Number of Units participating in classroom reading programs \_\_\_\_\_

Total volunteer hours \_\_\_\_\_

Number of schools served \_\_\_\_\_

Amount of donations or dollars spent \$ \_\_\_\_\_

3. Number of Units participating in "Give 10 to Education" \_\_\_\_\_

Amount of donations or dollars spent \$ \_\_\_\_\_

Please identify what activities units included in "Give 10 to Education."

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4. Number of Junior groups participating in Literacy program \_\_\_\_\_

III. **Veterans in the Classroom**

1. Number of Units participating in the program \_\_\_\_\_  
Number of volunteer hours \_\_\_\_\_  
Number of schools served \_\_\_\_\_  
Amount of donations or dollars spent \$ \_\_\_\_\_

IV. **Nation Guard Program**

1. Number of Units participating in the program \_\_\_\_\_  
Please describe the activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. **Supporting American Legion Programs**

1. Number of Units participating in American Education Week \_\_\_\_\_  
Number of volunteer hours \_\_\_\_\_  
Number of schools served \_\_\_\_\_  
Amount of donations \$ \_\_\_\_\_

2. Number of Units participating in Oratorical Contest \_\_\_\_\_  
Number of volunteer hours \_\_\_\_\_  
Number of students served \_\_\_\_\_  
Amount of donations or dollars spent \$ \_\_\_\_\_

3. Number of Units recognizing outstanding schools or students \_\_\_\_\_  
Number of schools awarded citations \_\_\_\_\_  
Number of students awarded citations \_\_\_\_\_

Please use bottom of this page to describe additional information or to highlight other activities.

Complete form and forward to the Department Education Chairman : Ms. Diane H. Gerber  
55 Ontario Ave  
Staten Island, NY 10301  
email: [icannone@aol.com](mailto:icannone@aol.com)