

# Scholarships

## 2023 – 2024 Report Form

Department Chairman

\_\_\_\_ December 1<sup>st</sup>, 2023 \_\_\_\_ April 1<sup>st</sup>, 2024

Ron Kohrs

District # \_\_\_\_\_

638 Grandview Ave.

Auxiliary # \_\_\_\_\_

Newport, Ky 41071

Auxiliary Name \_\_\_\_\_

ronkohrs@gmail.com

Total # of members as of 6/30/2023 \_\_\_\_\_

### Continuing Education Scholarship

**Y N**

- |  |     |    |
|--|-----|----|
| 1. Did your Auxiliary promote the Continuing Education Scholarship Contest?        | Yes | No |
| 2. Did your Auxiliary donate to the Continuing Education Scholarship Contest Fund? | Yes | No |

### Young American Creative Patriotic Art Contest

- |   |     |    |
|---|-----|----|
| 3. Did your Auxiliary promote the Patriotic Art Contest?            | Yes | No |
| 4. How many entries did your Auxiliary Receive? _____               |     |    |
| 5. Did your Auxiliary submit an entry to your District for judging? | Yes | No |
| 6. Did your Auxiliary donate to the Patriotic Art Scholarship Fund? | Yes | No |

### 3-Dimensional Patriotic Art Contest

- |  |     |    |
|--|-----|----|
| 7. Did your Auxiliary promote the Patriotic Art Contest?                 | Yes | No |
| 8. How many entries did your Auxiliary Receive? _____                    |     |    |
| 9. Did your Auxiliary submit an entry to your District for judging?      | Yes | No |
| 10. Did your Auxiliary donate to the 3-D Patriotic Art Scholarship Fund? | Yes | No |

### Patriot's Pen Essay Contest

- |   |     |    |
|---|-----|----|
| 11. Did your Auxiliary assist the VFW in conducting this contest? | Yes | No |
|---|-----|----|

### Voice of Democracy Audio/Essay Contest

- |   |     |    |
|---|-----|----|
| 12. Did your Auxiliary assist the VFW in conducting this contest? | Yes | No |
|---|-----|----|

- |  |     |    |
|--|-----|----|
| 13. Did your Auxiliary host/cohost an awards ceremony to recognize awardees and participants in any of the above contests? | Yes | No |
|--|-----|----|

- |   |  |  |
|---|--|--|
| 14. How much money was awarded to participants in your Scholarship Program? _____ |  |  |
|---|--|--|

Auxiliary Chairman Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Use additional sheets if necessary.