



American Legion, Chili Post No. 1830 450 Chili-Scottsville Road

\$1000.00 Don Carpenter Memorial College Assistance Award

In order to qualify, the following criteria must be met:

1. Students must be a full time 12th grade student, under the age of 21 (Foreign Exchange Students are excluded).
2. Students must be graduating from one of the following High Schools in June: Gates-Chili, Churchville-Chili, Wheatland-Chili, Caledonia-Mumford. The exception of this is, if a parent or grandparent is a current member of Chili Legion Post 1830, the SAL, or Auxiliary.
3. Students must be entering college in the fall. The selected student will be required to show proof of enrollment before the award is distributed.

To apply, the student must:

1. Fill out the attached application form.
2. Submit **signed** Letters of Recommendation as outlined below.
3. Submit an essay explaining why you should be selected for this award. The essay should include information on your participation in such activities as school sports, clubs, organizations, community service work, and any organizations outside of school.
4. Submit your Official High School Transcript showing GPA and SAT and/or ACT scores.
5. Mail all items to the following address, to arrive no later than **June 12th 2026**.

Wayne Bush (College Assistance Award)
4 Ruth Terrace
Rochester, NY 14624

The applicants will be judged as follows:

- Financial Need
- Student GPA (High School transcript & SAT and/or ACT Scores)
- Student involvement in school related sports/clubs/organizations, awards, community service, and organizations outside of school (examples: American Legion, VFW, and Rotary)
- **Signed** letters of recommendation (Teachers, Clergy, or any other Trustworthy Person or Organization)

Notification will only be made to selectees by June 26th 2026

Any questions may be addressed to Wayne Bush 957-5356 (c), or Tamara Negron 465-0418(c) , or Tom Puff 227-3426(h).

Revised 02/23/2026

Chili Post 1830
Don Carpenter Memorial College Assistance Award

Application Form
(All Information will be kept strictly confidential.)

NAME _____

ADDRESS (street, city, state, zip) _____

TELEPHONE NUMBER _____

DATE OF BIRTH(month/day/year) _____

NEW YORK STATE RESIDENT: YES() NO()

FATHER'S NAME _____

OCCUPATION _____

MOTHER'S NAME _____

OCCUPATION _____

HIGH SCHOOL GRADE POINT AVERAGE _____ SAT/ACT SCORE _____

COLLEGE YOU WANT TO ATTEND _____

MAJOR COURSE OF STUDY _____

PLEASE INDICATE YOUR FINANCIAL NEED FOR THIS AWARD.

Family income will be requested only in the event of an impasse by the nominating committee.

