

# Apple Valley American Legion Post 1776

## Scholarship Application:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Telephone \_\_\_\_\_

(Print Clear Please)

1. Date of Graduation from High school \_\_\_\_\_

2. Name of Parents \_\_\_\_\_

3. Name of Person by which applicant is eligible \_\_\_\_\_

a. Service dates of eligibility person from #3 above \_\_\_\_\_

b. Relation to applicant \_\_\_\_\_

4. What school do you plan to attend? \_\_\_\_\_

5. What type of education do you intend on pursuing? \_\_\_\_\_

6. What date will you enter school? \_\_\_\_\_

7. Do you anticipate any other financial assistance? \_\_\_\_\_

If so, what amount? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Post Name and # \_\_\_\_\_ Location \_\_\_\_\_

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Please email application and all required documents to: Chris Hoffman -  
hoffmanc62@gmail.com

If no email, Return to: American Legion Post 1776  
Attn: Scholarship Committee  
14521 Granada Drive  
Apple Valley, MN 55124-7418

Must be received no later than; April 30, 2025