Apple Valley American Legion Post 1776

2027 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_____

Please email application and required documents to: jimlhoffman73@gmail.com **(preferred method)**

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

Must be received no later than; April 30, 2026