

APPLE VALLEY AMERICAN LEGION AUXILIARY- UNIT 1776

SCHOLARSHIP APPLICATION

(Type or Print)

NAME _____ DATE OF BIRTH _____

ADDRESS _____ SS# _____

CITY, STATE, ZIP _____ TELEPHONE _____

PARENTS _____ HIGH SCHOOL _____

NUMBER OF CHILDREN IN FAMILY _____ HOW MANY IN COLLEGE _____

PERSON BY WHICH APPLICANT IS ELIGIBLE _____

MEMBERS OF (CIRCLE) AUXILIARY UNIT 1776 LEGION POST SAL

COLLEGE ATTENDING _____

ADDRESS _____

WHAT TYPE OF EDUCATION DO YOU INTEND TO PURSUE? _____

DATE YOU WILL ENTER COLLEGE _____

DATE SCHOLARSHIP MONEY SHOULD BE SENT TO SCHOOL _____

SIGNATURE OF APPLICANT _____

DATE SIGNED _____

1. A BRIEF ESSAY TELLING YOUR PLANS FOR HIGHER EDUCATION (BE SPECIFIC)

