



AMERICAN LEGION

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 all required documents to: xxx@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 the last day of April.