



Sons of the American Legion (SAL) Post 1776, 2024 Scholarship Application

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip code _____

Email _____ Phone # _____

1. Name of High School and Date of Graduation _____

2. Name of Parent(s)/Guardian _____

3. Name of Veteran by which applicant is eligible _____

a. Service dates of Veteran from #3 above _____

b. Veteran relation to applicant _____

4. School you plan to attend _____

5. Type of education do you intend to pursue _____

6. Date you will start post-secondary school _____

7. Do you anticipate any other financial assistance ___Y/N _____

If so, amount _____

Signature of Applicant _____ Date ____/____/____

Post Name and Number _____ Location _____

Please email application and all required documents to: **gmanageraval1776.com**

Or via USPO to: Sons of the American Legion Post 1776
Attn: SAL Scholarship Committee
14521 Granada Drive
Apple Valley, MN 55124-7418

Must be received no later than: April 30, 2024