

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 OF YOUR PLANS FOR HIGHER EDUCATION (BE SPECIFIC)

2. A BRIEF ESSAY REGARDING THE EXTRA CURRICULAR AND COMMUNITY ACTIVITIES
IN WHICH YOU ARE INVOLVED

3. BRIEFLY EXPLAIN WHY RECEIVING THIS SCHOLARSHIP WOULD BE IMPORTANT TO YOU

You may attach additional paper as needed.

RETURN TO:

MARYALYCE MCCABE, SCHOLARSHIP COMMITTEE

AMERICAN LEGION AUXILIARY- UNIT 1776

14521 GRANADA DRIVE

APPLE VALLEY, MINNESOTA 55124

MUST BE RECEIVED BY May 15, 2025