

# AMERICAN LEGION, WM. T. MCCOY AUXILIARY UNIT #92 COMMUNITY SCHOLARSHIP

## ELIGIBILITY

A scholarship of \$500.00 will be awarded to deserving community members seeking continuing education.

## QUALIFICATIONS

A candidate for this scholarship must be:

- A high school senior OR graduate
- GPA of 2.0 or higher
- In need of, and deserving of, financial assistance
- Of good character, with ambition to continue her/his education.

## REQUIREMENTS

- A letter of recommendation from a business, clergy, or professional person unrelated to you
- An essay (500 words minimum and typed/computer printed) from the applicant telling of her/his plans for higher education, career goals, extracurricular and community activities, and need of financial assistance.
- Copy of transcript.

## APPLICATION DEADLINE IS MARCH 1

Please mail your completed application and supporting documents to:

The American Legion  
Wm. T. McCoy Auxiliary Unit #92  
403 East Center Street  
Rochester, MN 55904

All eligible scholarships will be considered by American Legion, Wm. T. McCoy Auxiliary Unit #92 with a final decision by April 30th. This scholarship, for tuition expenses, books, or similar fees, either at a college, university or school of higher learning will be paid directly to the school after we receive your higher education student identification number. The \$1000 scholarship shall be for one year. You will not be notified if you do not receive this scholarship.

If you have any questions, please call 507-252-1659 or email [officemanager@rochestermnlegion.org](mailto:officemanager@rochestermnlegion.org).

**ALL APPLICATIONS MUST BE RECEIVED BY MARCH 1**

**AMERICAN LEGION, WM. T. MCCOY AUXILIARY UNIT #92  
UNIT #92 COMMUNITY SCHOLARSHIP**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_ HIGH SCHOOL NAME: \_\_\_\_\_

SCHOOL STUDENT PLANS TO ATTEND: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

COURSE LENGTH: \_\_\_\_\_ COURSE COST: \_\_\_\_\_

ESTIMATE EDUCATIONAL COST: \_\_\_\_\_

***BY SIGNING THIS APPLICATION, YOU ATTEST THAT THE ELIGIBILITY INFORMATION ENTERED ABOVE IS TRUE AND FACTUAL.***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_