



AMERICAN LEGION AUXILIARY
DEPARTMENT OF MINNESOTA SCHOLARHIP APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Date of Birth _____ Telephone _____

Email Address _____

1. Date of Graduation from High School _____

2. Name of Guardian/Parents _____

3. Name of veteran by which applicant is eligible _____

Dates of Service _____ Relationship _____

If veteran is a member of the The American Legion – ID# _____

If applicant is a member of the The American Family – ID# _____

4. Annual Family Income \$ _____

(Use gross income from last year's Federal Income Tax 1040 Form, line 22)

Number of dependent children under 18 years of age _____

Number of dependent children 18 years of age and over _____

5. Occupation of Guardians/Parents:

A. _____ B. _____

6. Total monthly Government compensation or pension received by guardian/parent and/or children (self).

7. Guardian/Parent _____ Children_ Self _____

8. What school do you plan to attend? _____

Address: _____

City/State/Zip _____

• Course of Study _____

• Length of course _____

• Cost of course _____

9. What date will you enter school? _____

10. Do you anticipate any other Financial Assistance? _____

If so, what amount is anticipated? _____

Failure to complete the application or attach all required documents will result in disqualification.

Signature of Applicant _____
Date

Signature of Unit President or Secretary _____
Date

Unit Number and Location

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Return to: American Legion Auxiliary
State Veterans Service Building
20 W. 12th St. #314
St. Paul, MN 55155