



AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MINNESOTA SCHOLARHIP APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

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).

Guardian/Parent \_\_\_\_\_ Children \_\_\_\_\_ Self \_\_\_\_\_

7. What school do you plan to attend? \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

• Course of Study \_\_\_\_\_

• Length of course \_\_\_\_\_

• Cost of course \_\_\_\_\_

8. What date will you enter school? \_\_\_\_\_

9. 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*

Return to: American Legion Auxiliary  
State Veterans Service Bldg  
20 W. 12<sup>th</sup> Street Room 314  
St. Paul, MN 55155

Unit Due Date: March 5th  
Department Due Date: March 15th

*Revised August 2018*