



**AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MINNESOTA SCHOLARSHIP 2020-2021**

**ELIGIBILITY:**

Department scholarships are awarded to deserving sons or daughters, grandsons or granddaughters of a veteran who need financial assistance to avail themselves of higher education at the post-secondary level. These scholarships are to be applied only toward the expenses of tuition, books or similar fees, at an accredited institution of higher learning. Each scholarship will be paid directly to the school, in the amount of \$1,000.00 for any one year. Satisfactory progress must be made with grades reported to the Department of Minnesota.

To be eligible to apply for these scholarships, the veteran must have served in the federal active duty in the United States Armed Forces since December 7, 1941 and have been honorably discharged or is still serving.

A candidate for these scholarships must be:

1. A resident of the State of Minnesota or a member of the American Legion Auxiliary (includes Junior membership), The American Legion, or Sons of The American Legion, Department of Minnesota.
2. A high school senior/graduate or college student/graduate, seeking further education with a scholastic record and average of at least "C".
3. In need of and deserving of financial assistance.
4. Of good character, with ambition to continue their education.

**APPLICATIONS MUST INCLUDE:**

1. A letter from the superintendent, principal or counselor of the school presently attending, or have attended regarding scholastic record, aptitude and ambition.
2. A letter from a business, clergy or professional person (not related) with whom you have been associated.
3. An essay of not more than 1,000 words (typed, double-spaced) from the applicant telling of their plans for higher education, career goals, extracurricular and community activities and the need for financial assistance.
4. A copy of high school/college grad transcript.

An application check list is included for the convenience of the applicant and/or Unit.

Applications must be submitted by March 5<sup>th</sup> to the Unit President of the American Legion Auxiliary Unit located in your school district or the Unit that holds your membership. This application must be received in the Minnesota Department Auxiliary Headquarters by March 15<sup>th</sup>:

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

All applications will be considered for all scholarships available and the final decision will be made by the Department Education Chairman. Eight (8) \$1,000.00 scholarships will be awarded.



AMERICAN LEGION AUXILIARY  
DEPARTMENT OF MINNESOTA SCHOLARSHIP 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).

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*

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

# Department of Minnesota Scholarship Checklist 2020-2021

Application Year: 2020-2021

Applicant's Name: \_\_\_\_\_ Unit: \_\_\_\_\_

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

- Current Application form
- Veteran's Eligibility
- Relationship to Veteran : \_\_\_\_\_
- Minnesota Resident or Member of American Legion, American Legion Auxiliary, Sons of The American Legion Department of MN
- High School senior/graduate with minimum "C" average Date: \_\_\_\_\_
- In need of and deserving of financial assistance
- Of good Character
- Post-secondary education facility \_\_\_\_\_
- Signed by Unit President or secretary
- Signed by applicant
- Received by Unit President March 5<sup>th</sup>
- Letter from Superintendent/Principal or Counselor Attests to: scholastic, aptitude and ambition
- Letter Business or Clergy or professional Person (not relative)
- Essay of 1,000 words or less typed and double spaced
- Copy of transcript of grades (high school, college, etc.)