** 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#

1. 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

1. Occupation of Guardians/Parents:

A. B.

1. Total monthly Government compensation or pension received by guardian/parent and/or children (self).
2. Guardian/Parent Children Self
3. What school do you plan to attend?

Address:

City/State/Zip

* Course of Study
* Length of course
* Cost of course

1. What date will you enter school?
2. 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*

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*Unit Number and Location*

Return to: American Legion Auxiliary

State Veterans Service Building

20 W. 12th St. #314

St. Paul, MN 55155