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 5th 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 15th:

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

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

Revised August 2018