



St. Augusta American Legion Post 621

\$500 Auxiliary Scholarship



PERSONAL INFORMATION

Full Name			
Address			
City State Zip			
Phone		Email	

CONNECTION TO ST AUGUSTA AMERICAN LEGION POST 621

(To qualify for this scholarship, you **MUST** have a close family member who is a member of the St. Augusta American Legion, Auxiliary or SAL)

Full Name of Family Member (who is a member of the Legion Post 621, Post 621 Auxiliary, or Post 621 Sons of the American Legion)	Legion Post 621	Post 621 Auxiliary	Post 621 Sons of the American Legion	
	Parent	Aunt/Uncle	Grandparent	Sibling
Relationship (Please check appropriate box)				
Address				
City State Zip				
Phone				

EDUCATIONAL QUALIFICATIONS

Degree Pursuing (Please check appropriate box)	Associate's Degree	Bachelor's Degree	Graduate Degree
Intended Major/Area of Focus			
College/University			
Anticipated Graduation Date			
High School			
High School Graduation Date			
High School GPA			

SERVICE AND LEADERSHIP ROLES/ACTIVITIES

Organization	Contact Person	Dates Involved	Roles/Duties/Activities

As a citizen of the United States, what is your responsibility to your community?

(limit of 300 words)

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Are there any special circumstances that the Scholarship Committee should be aware of? If yes, please describe.	
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I certify that all of the information presented in this application is true to the best of my knowledge.

Applicant Signature	Date

Please complete this application, print it out, and return it to the St. Augusta American Legion Post 621 by **2022 February 1** to: Post 621 Auxiliary President @ 1894 247th Street, St Augusta, MN. 56301.

If you have any questions, please contact: Lori Cross @ crosslori15@gmail.com

THANK YOU FOR YOUR INTEREST!