

**AMERICAN LEGION AUXILIARY UNIT 39
SCHOLARSHIP**

Must be received by April 17, 2025

Please mail/deliver to:

Auxiliary Unit 39 Scholarship
c/o North St. Paul American Legion
2678 7th Ave E
North St. Paul, MN 55109

Name: _____

Address: _____

Phone #: _____ **Alternate Ph #:** _____

I am a citizen of the United States: Y N

Post Secondary Plans

Type of Institution:

- Technical School/College**
 2 year Community College
 4 year College/University

Name of school you plan to attend: _____

Intended area(s) of study/major: _____

Intended career: _____

What is your plan to achieve your goal? Limit of 300 words.
Please use the back of form if more space is needed.

What class(es) have you taken in High School that will help you achieve your goal? _____

How did you choose your future career? _____

Educational Information

Did you take the PSAT: Y N Score: _____

SAT: Y N Score: _____

ACT: Y N Score: _____

Cumulative GPA: _____

Honors classes taken if applicable:

Did you participate in PSEO classes? If yes, what class(es):

What school sponsored activities did you participate in, ie:
sports, clubs, band? _____

Employment information

Are you currently employed: Y N

If yes, how long have you been employed: _____

Does this employment apply to your future career goals? Y N

Additional Information

Have you done any volunteer work/activities? If yes, what and
for whom? _____

Are you a descendant of a Veteran? Y N

If yes, how are you related, and which branch of the service: _____

Have you applied for other scholarships? Y N

Please include 2 letters of recommendation, not from a relative.

Judging will be completed by May 1st, 2025. Your Secondary school will be notified of our decision.

Date received by committee _____
Approved to receive award Y N Date _____
Notes: