



**American Legion Post 39  
2678 East 7<sup>th</sup> Avenue  
North St. Paul, MN 55109  
Phone: 651-777-3708**

**Your Information**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

**Family Information**

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Number of dependents in your family \_\_\_\_\_ Family **Adjusted Gross Income** as reported on your family's **2024 Income Tax Return** \$ \_\_\_\_\_

**Continuing Education Information**

School(s) you plan on attending after high school \_\_\_\_\_

Have you received any other scholarships or financial assistance yet? \_\_\_\_\_

If so, list: \_\_\_\_\_

**Completed Packet Includes:**

A. \_\_\_\_\_ A copy of your HIGH SCHOOL TRANSCRIPT. See attached *Release of High School Transcript*.

B. \_\_\_\_\_ Write a BRIEF LETTER to the American Legion Scholarship Committee telling (1) why you have genuine financial need, (2) what are your vocation plans, and (3) give the reason(s) for your choice for this vocation (type or print legibly).

C. \_\_\_\_\_ Ask 1 faculty member to write a LETTER OF RECOMMENDATION, and ask him/her to give it to your school counselor to include with this application packet.

NAME OF FACULTY MEMBER \_\_\_\_\_

D. \_\_\_\_\_ GIVE YOUR ENTIRE COMPLETED APPLICATION TO YOUR SCHOOL COUNSELOR.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Parent/Guardian Signature  
if Student is not 18 Years Old

\_\_\_\_\_  
Date

1. List school activities in which you have been an active participant. Rank them in order in which you think they have contributed to your personal development. Examples: athletics, music, art, publications, student government, etc. Be specific. If more space is needed, use the back of this page.

NAME OF ACTIVITY	YEARS ACTIVE	POSITIONS/OFFICE HELD

2. List out-of-school activities in which you have been an active participant. Examples: church group, Scouting, volunteerism, etc. If more space is needed, use the back of this page.

NAME OF ACTIVITY	YEARS ACTIVE	POSITIONS/OFFICE HELD

3. What honors, awards, or special recognitions have you received? If needed, continue on back.


4. What part time/summer jobs have you held? Indicate the nature of the work, the length of time you held the job, and any promotions/advancements you were awarded. If needed, continue on back.

NATURE OF WORK	EMPLOYER	LENGTH OF TIME EMPLOYED

Release of High School Transcript

Name of Student: \_\_\_\_\_

It is my wish that my high school provide a transcript of my high school academic record to the

*Chairperson of the North St. Paul Post 39 – American Legion Scholarship Committee*

as part of my scholarship application packet. I understand that I may review the transcript record, and that I have an opportunity to challenge the contents of the record.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian  
(if student is not 18 years old)

\_\_\_\_\_  
Date of Request

The North St. Paul Post 39 American Legion Scholarship Committee will follow U. S. PUBLIC LAW 93-380 in complying with the Third Party transfer.

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School Counselor,

APPLICATION PACKETS MUST BE RECEIVED AT THE AMERICAN LEGION OFFICE BY March 15, 2025.

PLEASE DELIVER, EMAIL, FAX, or MAIL DIRECTLY in order for this application packet to arrive (not postmarked) by March 15, 2025, to:

American Legion Post 39  
Attn: Scholarship Committee  
2678 East 7th Avenue  
North St. Paul, MN 55109

Email: *americanlegion39office@gmail.com*

Fax: 651-777-1141

For questions, please call American Legion Post 39 at 651-777-3708 and leave a message for Adjutant Mickey Ostrum (Extension 207), or email Post 39 at ***americanlegion39office@gmail.com***.