LISMORE AMERICAN LEGION FAMILY

MEMORIAL SCHOLARSHIP APPLICATION

Name:_____ Date:_____
Last First Middle

Permanent Address:_____
Street/RR/Box City State Zip

Future/Current Tech or College Address:_____
Street/RR/Box City State Zip

Personal Data: ☐ Male ☐ Female

Currently Enrolled: ☐ High School ☐ Tech School ☐ College

School Name:_____ Year in School:_____

Applicant's Relationship to: Military Veteran, and/or Legion, Auxiliary or Sons of American Legion Member:
(Circle one or all that apply and check the appropriate box below)

☐ Parents_____ ☐ Grand Parents_____ ☐ Other:_____
Name Name Name

High School extracurricular activities & Community involvement:_____
_____

Awards/Honors Received:_____
_____

Please state briefly your education objectives and career goals:_____
_____

Please state why you should be considered for this scholarship:_____
_____
_____

PLEASE ATTACH A COPY OF YOUR HIGH SCHOOL AND OR YOUR COLLEGE TRANSCRIPT, ALONG WITH *TWO* STATEMENTS OF REFERENCE TO THIS APPLICATION. _FEEL FREE TO USE ADDITIONAL SHEETS IF NEEDED

By signing this application, I understand that I will be considered for the Lismore American Legion Scholarship. I also understand that the Scholarship will be paid the 2nd semester of the school year following the date of this award. I hereby give permission to have the scholarship committee review my educational records. **I also give permission to the Lismore American Legion to publicize this very noteworthy accomplishment.**

Applicant's Signature:_____

Mail your Application by MAY 1st **to: Scholarship Committee, PO Box # 7, Lismore, MN 56155**