



AMERICAN LEGION AUXILIARY UNIT 5

SCHOLARSHIP APPLICATION 2024

Name of Applicant _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email: _____

Date of Birth _____

Are you a member, or related to a member of the American Legion, American Legion Auxiliary or Sons of the American Legion? _____

If so, name of that member and your relationship to that member _____

Proposed Date of Graduation from High School _____

Name of College or University you plan to attend _____

Address of College or University you plan to attend _____

***** Please feel free to use as many additional sheets as needed to fully answer the following questions*****

1. Why would receiving this scholarship be important to you? Please explain. _____

2. What course of study do you plan to pursue and why? _____

3. Describe your involvement in volunteer work, school, church and community activities. _____

4. Why do you think the United States' patriotic organizations, such as the American Legion Auxiliary, are important to the world today? _____

5. After completing your degree what are your professional goals? Do you plan to return to Alaska if you study outside of the state? _____

Please include 2 letters of reference with your application.
 Please provide any additional information that you feel would be beneficial to the committee reviewing the applications.

I certify that the information provided in this application is correct.

 Print or Type Full Legal Name

 Signature of Applicant

 Date

NOTE: Application must be submitted to the American Legion Auxiliary Scholarship Committee
 Seward Unit 5 **NO LATER THAN 5PM April 26,2024**