

2019 Karlstad American Legion Auxiliary Unit # 445 Scholarship Application

Each scholarship is disbursed in one payment at the **beginning of the second semester**. Payments are contingent upon satisfactory academic record. Recipients are selected on the basis of academic aptitude, educational promise, personal attributes, leadership, and financial need.

Name _____
Last
First
Middle Initial

Home Address _____
PO Box/Street
City
State
Zip

Phone _____ Age _____ Birthdate _____ Are you a Resident of #2358 yes no

Name of parent(s) or guardian _____
 Occupation of father _____ mother _____

Post-secondary institution you plan to attend _____

What do you plan as your major course of study _____

How do you intend to finance your first year of college, including tuition, fees, books, room & board.

SOURCE OF FUNDS

CHECK ALL APPROPRIATE SOURCES

- Personal Savings _____
- Parents _____
- Employment _____
- Student Loan _____
- Grants or scholarships _____
- Other _____

List any scholarships you have received, along with the amount:

PLEASE ATTACH A RESUME which reflects your academic history (i.e.: GPA, Honor roll-qtrs, yrs.) work experience, interests, school & community involvement (i.e.: student government, student publications, volunteer work, scholastic, musical, church, youth service or athletic participation), or other information which accurately reflects your personal history.

Signed _____ Date _____

