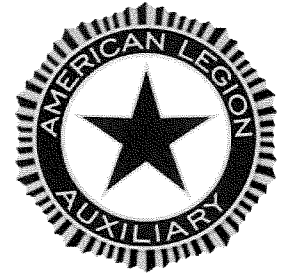


2021 Karlstad American Legion Auxiliary Unit # 445 Scholarship Application



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? _____

PLEASE ATTACH A RESUME which reflects your academic history (i.e.: GPA, Honour 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.

Applicant Signature: _____ Date: _____