4TH DISTRICT AMERICAN LEGION DEPARTMENT OF MINNESOTA COLLEGE SCHOLARSHIP

Last Name:_____ First Name:_____ M.I.

Mailing Address: _____

Phone Number: _____

Email: _____

Requirements:

At least one parent actively served in the United States Armed Forces and is now a member of an American Legion. Going to a 2- or 4-year college and obtaining a degree.

Parent(s) Name:_____

Branch of Armed Forces: _____

Years Served: _____

Current member of which American Legion Post: _____

School attending: _____

Major: _____

Intended Career Path: _____

Academic Achievements_____

Clubs/Organization Involvement: _____

Volunteer Work: _____

Signature_____ Date_____

Please email application and a copy of your most recent completed semester transcript (or class schedule and letter of intent if you are an incoming freshman), including your name and student ID to:

Daniel Bronk **Email:** sfcdanielbronk@gmail.com **Phone Number:** (651) 771-8349