

Application for American Legion and Auxiliary Scholarship

Name _____ Date of Birth _____

Address: _____

Name of Parents: _____

Rules for the Lyle American Legion & Auxiliary Scholarship

1. Applicant must be a senior who intends to further his/her education.
2. Student must have a "C" or better average.
3. Student must be in good standing in the school and the community.
4. The Lyle American Legion and Auxiliary will have the final decision on awarding the scholarship.
5. Student must fill out the application AND provide a letter stating why they are applying for the scholarship.
6. Student must have a letter of recommendation from the principal or a teacher.
7. Scholarship will be forfeited if applicant changes course or school plans after the selection has been made.
8. Please return the application and letters by May 1st to the Lyle School or mail to:

Mr. Galen Holst
Lyle American Legion Post 105
PO Box 177
Lyle, MN 55953

9. The money from the scholarship will be paid upon proof of enrollment by notifying Galen Holst, Commander of the Lyle Legion.

What school do you plan to attend? _____

What course(s) do you plan on taking? _____

How long will it take to finish the course? _____

What date will you enter school? _____

Signature and Date _____